

Kentucky

UNIFORM APPLICATION FY 2008 - STATE IMPLEMENTATION REPORT

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

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Center for Mental Health Services
Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane. Rockville. MD 20857.

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Adult - Summary of Areas Previously Identified by State as Needing Improvement

Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Summary of Areas Previously Identified by State as Needing Improvement

Narrative Question: Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

1. Develop a comprehensive plan to implement supported employment as part of a recovery-oriented community support program using existing resources.

During SFY 2008, DMHDDAS staff researched other state efforts to implement evidenced based supported employment within their public mental health systems. The majority of states that have moved forward in this area have been collaborating with the Johnson & Johnson – Dartmouth Community Mental Health Program. Kentucky has made contact with program staff within the Dartmouth program and plan to make an application to become a member state. It is anticipated that, if accepted, Kentucky would begin participation in the initial planning phase in July, 2009.

2. Increase the number of persons receiving Supported Housing services through a number of activities including hosting quarterly meetings, providing focused training and collaborating with Kentucky Housing Corporation.

The DMHDDAS hosted regular housing meetings (more often than quarterly) during SFY 2008. These meetings included staff from Regional MHMR Boards, Kentucky Housing Corporation and other agencies. DMHDDAS worked on developing a Housing Plan for the state as well as beginning an Olmstead Housing Initiative in collaboration with Kentucky Housing Corporation. Training events were held regarding homelessness.

3. Finalize standards for the Peer Specialist Certification and provide training for at least 35 additional consumers.

The DMHDDAS finalized Kentucky Peer Specialist standards and 908 KAR 2:220, a Kentucky Administrative Regulation regarding Peer Support services was passed in the general assembly in February of 2008. An additional 42 consumers were trained as Kentucky Peer Specialists during SFY 2008.

4. Establish an Advisory Committee to review Case Management Standards, certification process, and training curriculum. Attend National Case Management Conference. Place curriculum into on-line format ("TRAIN").

A case management Advisory Committee was formed and this committee provided input into the certification process and training curriculum. The certification training curriculum was placed into an on-line format, utilizing the "TRAIN" web base, along with the certification examination. The certification process for Case Management now consists of an online training module, one day, face-to-face training, and an online certification examination. DMHDDAS staff attended the National Case Management Conference which was held in Louisville, Kentucky during SFY 2008. The case management Advisory Council provided input into an enhanced case management training event that

was held in June of 2008. This training included workshops on Motivational Interviewing, Integrated Treatment for Co-occurring Disorders, Working with Consumers who are Deaf and Hard of Hearing with a Serious Mental Illness, and designing Strengths-Based Assessments.

5. Form a state level Emergency Services Workgroup to address data accuracy and the development of state-wide emergency services performance indicators.

During SFY 2008 the DMHDDAS utilized an existing workgroup, Quality Management Outcomes Team (QMOT) as a venue to begin developing performance indicators for emergency services and improve data accuracy. QMOT consists of quality assurance staff from all the Regional MHMR Boards in the state as well as DMHDDAS staff. DMHDDAS staff utilized logic model information with this group as a way to begin developing outcome measures. DMHDDAS also utilized technical assistance from NASMHPD by way of consultant Mark Englehart, who met with statewide urban and rural emergency services leadership in June of 2008.

6. Develop and implement a Request for Proposals (RFP) process for the federal PATH homeless grant.

The federal PATH homeless funds were opened up statewide during SFY 2008 through a Request for Proposals (RFP) process. The PATH funds were distributed to five Regional MHMR Boards during the Spring of 2008.

7. Develop criminal justice/behavioral health infrastructure at the state and local level through the formation of a state level advisory group and regional workgroups.

During SFY 2008, DMHDDAS applied for a grant from the Health Foundation of Greater Cincinnati regarding Criminal Justice and Mental Health. This grant is titled, "The Northern Kentucky Criminal Justice/Mental Health Symposium and Strategic Planning Forum" and provides for collaborative strategic planning for programs and services related to the decriminalization for persons with mental illness and substance abuse disorders. Although the grant targets programs in the Northern Kentucky region, the integration of services will occur utilizing the Sequential Intercept Model and this will lay the groundwork for the statewide infrastructure for this population.

8. Implement the next phase of the adult outcome initiative that will measure consumer satisfaction as well as clinical outcomes.

In SFY 2008 the Department required submission of the raw survey data from MHSIP surveys in contrast to SFY 2007 when Regional MH/MR Boards submitted on a completed URS Table 11 with summary statistics. This change has resulted in a reduction in number of valid responses in SFY 2008, however improved accuracy has in identifying valid responses per domain has been achieved. Additionally, in SFY 2008

the Department added eight new questions addressing functioning and social connectedness.

9. Continue to transition long-term residents of state psychiatric hospitals to the community with the support of Olmstead Coalition and wraparound funding.

Transition teams comprised of the representatives from the psychiatric hospital, the Regional MHMR Board, KDMHDDAS staff, and other appropriate stakeholders met on a frequent basis in SFY 2008 to review transition plans that assure a smooth and timely discharge to the community for identified consumers in each of the four state operated/contracted psychiatric hospital regions. The Olmstead Coalition, which consists of representatives from each of the hospital regions, met regularly during SFY 2008. A number of challenges remain for the Olmstead Coalition, including the unavailability of adequate funding for community-based services as alternatives to hospitalization.

10. Continue to work with the Deaf and Hard of Hearing Advisory Council to develop a model system of care (service array) for Deaf and Hard of Hearing and identify funding necessary to implement the system.

During SFY 2008, the Deaf and Hard of Hearing Advisory Council advocated for and received an upgraded position within the DMHDDAS. Deaf and Hard of Hearing staff for DMHDDAS now consists of a Program Administrator and a Program Coordinator. Advisory and Service Delivery Groups were established in Northern Kentucky, Owensboro, Bowling Green, Corbin and Hopkinsville to identify unmet needs and bring together providers and community members. A Needs Assessment was conducted with SCL (Support for Community Living) providers, Rehabilitation Counselors for the Deaf and Community Stakeholders to identify needs for services. Also during SFY 2008, staff evaluated the current array of services and funding to better allocate resources. Some examples include laying the groundwork to move unused funds to where staff were available to provide needed services and initiated discussion around revamping the TTY Crisis Line to meet current technology and usage needs. Finally, Advisory Board members were utilized outside of quarterly meetings to provide training on current technology, develop ASL classes for SCL providers, improve the website, and see how each member's connections could help move goals forward.

11. Explore alternative, cost effective methods for administering the Community Medications Support Program.

Since the inception of Medicare Part D several Regional MHMR Boards have reported less samples being available from the pharmaceutical companies. In addition, regions are noticing a decrease in utilization to the overall CMSP program due to Medicare Part D coverage so therefore some of the regions have been able to expand the financial criteria and provide assistance to those who do not qualify for Medicare and have no other payor source for medications. During SFY 2008, most of the national chain pharmacies implemented programs that provide generic medications for a nominal co-

payment. The Regional MHMR Boards have been able to take advantage of these programs and have assisted consumers in obtaining generic prescriptions whenever possible to save costs on their overall medication expenditures. In addition, most regions take advantage of the Patient Assistance Plans offered by the pharmaceutical companies when applicable. Two pharmacists were employed by the DMHDDAS with the goal of having pharmacist representation as CMSP program staff, in order to provide technical assistance and expertise as it relates to the oversight of the program. In SFY 2008, CMSP program staff, along with the pharmacist staff, began visiting several of the Regional MHMR Boards and began meeting with the CMSP coordinators. These staff members provided technical assistance to the regional coordinators and a list of recommendations to better manage the overall program statewide was compiled.

12. Promote best practices as a standard for service delivery.

DMHDDAS continued to promote best practices for service delivery by offering educational materials and training opportunities to Regional MH/MR Board staff through Community Support Program quarterly meetings and other opportunities. DMHDDAS also provides funding for Regional MHMR Board staff members to become Certified Psychiatric Rehabilitation Practitioners (CPRP) by taking certification examinations through USPRA. As a result of an NIMH Evidence-Based Practice grant, recommendations were presented to the Commissioner concerning the establishment of a Center of Excellence and the prioritization of integrated treatment and peer support as areas of focus in SFY09

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Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Narrative Question: Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

During SFY 2008, the following achievements were noted for the DMHDDAS:

- A Transformation Transfer Initiative (TTI) Grant was received from SAMHSA in January of 2008, to support the development and sustainability of peer support services statewide. An advisory committee was formed consisting of representatives from DMHDDAS, Department for Medicaid Services, Regional MHMR Boards, educational institutions, and consumers who had been trained as Kentucky Peer Specialists. This committee met several times, working primarily on advancing peer support as a Medicaid billable service in Kentucky and training local providers in recovery principles. A recovery forum was held in June of 2008, and providers, Regional MHMR Board staff members, and DMHDDAS staff were trained in the principles of recovery. The TTI Grant provided funds to bring Larry Fricks, a national expert on mental health recovery, to this training event;
- 908 KAR 2:220, a Kentucky Administrative Regulation regarding peer support, was passed in the General Assembly on February 14, 2008. This regulation defined the role and parameters of peer support services, paving the way for making this a Medicaid billable service in Kentucky. In addition, a total of one hundred, five (105) individuals have been trained, to date, as Kentucky Peer Specialists;
- The DMHDDAS hired a program administrator and a program coordinator for Deaf and Hard of Hearing Services. This is an essential service component that affects all service areas. This team has already begun to restructure the statewide service system and positively affect the quality of services for individuals who are Deaf and Hard of Hearing and suffer from a mental illness;
- The DMHDDAS, in collaboration with the Kentucky Interagency Council on Homelessness, developed a homeless prevention plan and Kentucky's Ten Year Plan to end homelessness;
- The DIVERTS program, for the Regional MHMR Boards in the Western State Hospital Catchment area, showed a decrease in psychiatric admission rates for the second year in a row. This Hospital Catchment area with a very active program held regular meetings between stakeholders in SFY 2008;
- State revenue was substantially decreased for SFY 2008. As a result, the Regional MHMR Boards received a 3% cut in funding from the DMHDDAS. This, in addition to basically flat funding for many years, made for some tough decisions by local providers. One region closed their community crisis stabilization unit and moved it onto the grounds of the psychiatric hospital due to cost effectiveness. One region reduced staff in their crisis stabilization unit and subsequently reduced the level of care for that program. It is likely that state revenue will continue to decline; and

- Kentucky elected a new governor in SFY 2008, and there was a complete turnover in executive staff. In addition, most Cabinets and Departments in the state had major leadership turnover. The Cabinet for Health and Family Services reorganized their structure. In addition, there was a mass exodus of retirees during this time period. Most Cabinets and Departments lost major leadership due to retirees as well. This has affected forward progress in a negative way. For example, the Department for Medicaid Services has lost numerous staff by attrition and has a new Commissioner and Deputy Commissioner who are not familiar with Medicaid programs. Although the relationship with Medicaid has been very amicable, progress on Peer Support Services was delayed due to this change in leadership.

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Adult - Purpose State FY BG Expended - Recipients - Activities Description

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Adult - Purpose State FY BG Expended - Recipients - Activities Description

Narrative Question: Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Purpose for which Regional Board Funds were Expended

Mental Health Block Grant Expenditures for SFY 08

REGIONAL BOARDS (for SERVICES)			
Regional Board	Service/Project	Amount	Totals
Four Rivers	Outpatient Individual Therapy	\$79,336	
	Adult Case Management	<u>\$52,891</u>	
	Sub-Total SMI	\$132,227	
	MH Intensive Treatment	<u>\$65,630</u>	
	Sub-Total SED	\$65,630	
	TOTAL		\$197,857
Pennyroyal	Consumer & Family Support	\$5,000	
	Crisis Services	\$16,500	
	Mental Health Treatment	\$48,818	
	Case Management & Outreach	\$48,818	
	Housing Options	\$30,000	
	Rehabilitation Services	<u>\$29,323</u>	
	Sub-Total SMI	\$178,459	
	Family Involvement & Support	\$7,000	
	MH Outpatient Treatment	\$22,658	
	MH Intensive Treatment	\$22,658	
	Service Coordination & Wraparound	<u>\$22,657</u>	
	Sub-Total SED	\$74,973	
	TOTAL		\$253,432
River Valley	Consumer & Family Support	\$29,200	
	Case Management & Outreach	\$30,430	
	Rehabilitation Services	\$119,935	
	Adult Wraparound	<u>\$16,000</u>	
	Sub-Total SMI	\$195,565	
	MH Outpatient Treatment	<u>\$79,288</u>	
	Sub-Total SED	\$79,288	
	TOTAL		\$274,853
Lifeskills	Intensive Case Management	\$36,000	
	Supported Housing	\$80,025	
	Supported Employment	\$8,298	
	Office of Consumer Advocacy	<u>\$79,000</u>	
	Sub-Total SMI	\$203,323	

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<u>Regional Board</u>	<u>Service/Project</u>	<u>Amount</u>	<u>Totals</u>
	MH Outpatient Treatment	<u>\$86,739</u>	
	Sub-Total SED	\$86,739	
	TOTAL		\$290,062
Communicare	Case Management & Outreach	\$100,000	
	Residential Support	\$25,000	
	Therapeutic Rehabilitation	<u>\$20,407</u>	
	Sub-Total SMI	\$145,407	
	MH Outpatient Treatment	<u>\$95,731</u>	
	Sub-Total SED	\$95,731	
	TOTAL		\$241,138
Seven Counties	Case Management	\$171,743	
	Crisis Stabilization	\$49,001	
	Community Support	\$135,335	
	Housing Development	\$42,111	
	Outpatient Treatment	\$56,650	
	Deaf and Hard of Hearing	<u>\$19,417</u>	
	Sub-Total SMI	\$474,257	
	MH Outpatient Treatment	\$235,958	
	MH Intensive Treatment	\$50,000	
	Systems Integration	\$50,000	
	Crisis Stabilization	\$30,000	
	Deaf and Hard of Hearing	<u>\$19,416</u>	
	Sub-Total SED	\$385,374	
	TOTAL		\$859,631
North Key	Recovery Network of Northern KY	\$60,000	
	Outpatient Treatment	\$63,056	
	Case Management	\$7,500	
	Housing Support Services	\$72,540	
	Consumer Operated Social Support	\$10,000	
	Housing Developer	\$35,000	
	MHA Stigma Fighters	\$24,500	
	Consumer Training and Initiatives	<u>\$3,539</u>	
	Sub-Total SMI	\$276,135	
	Family Involvement & Support	\$3,500	
	MH Outpatient Treatment	<u>\$70,952</u>	
	Sub-Total SED	\$74,452	
	TOTAL		\$350,587
Comprehend	In-Home Support	\$8,000	
	Therapeutic Rehabilitation	<u>\$26,688</u>	
	Sub-Total SMI	\$34,688	

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<u>Regional Board</u>	<u>Service/Project</u>	<u>Amount</u>	<u>Totals</u>
	MH Outpatient Treatment	<u>\$52,453</u>	
	Sub-Total SED	\$52,453	
	TOTAL		\$87,141
Pathways	Case Management & Outreach	\$124,077	
	Therapeutic Rehabilitation	<u>\$103,893</u>	
	Sub-Total SMI	\$227,970	
	Family Involvement & Support	\$20,000	
	MH Outpatient Treatment	\$68,257	
	Mobile Crisis	\$75,000	
	Crisis Stabilization	<u>\$109,477</u>	
	Sub-Total SED	\$272,734	
	TOTAL		\$500,704
Mountain	Targeted Case Management	<u>\$177,278</u>	
	Sub-Total SMI	\$177,278	
	MH Outpatient Treatment	<u>\$67,458</u>	
	Sub-Total SED	\$67,458	
	TOTAL		\$244,736
Kentucky River	Therapeutic Rehabilitation	<u>\$77,709</u>	
	Sub-Total SMI	\$77,709	
	Family Involvement & Support	<u>\$28,061</u>	
	Sub-Total SED	\$28,061	
	TOTAL		\$105,770
Cumberland River	Social Club Drop In	\$1,768	
	Outpatient Therapy	\$68,177	
	Case Management	\$47,565	
	Residential Support	\$28,565	
	Housing Development	\$4,389	
	Therapeutic Rehabilitation	<u>\$93,746</u>	
	Sub-Total SMI	\$244,210	
	Family Involvement & Support	\$18,635	
	MH Outpatient Treatment	\$46,586	
	MH Intensive Treatment	\$18,634	
	Service Coordination & Wraparound	\$4,659	
	Systems Integration	<u>\$4,659</u>	
	Sub-Total SED	\$93,173	
	TOTAL		\$337,383
Adanta	Consumer and Family Support	\$28,495	
	Crisis/Emergency Services	\$6,505	

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Regional Board	Service/Project	Amount	Totals
	Case Management & Outreach	<u>\$86,210</u>	
	Sub-Total SMI	\$121,210	
	MH Outpatient Treatment	<u>\$67,612</u>	
	Sub-Total SED	\$67,612	\$188,822
	TOTAL		
Bluegrass	Outreach Specialist	\$30,000	
	Supported Housing	\$34,170	
	Residential Housing	\$20,080	
	Deaf and Hard of Hearing	<u>\$11,241</u>	
	Sub-Total SMI	\$95,491	
	MH Outpatient Treatment	\$64,067	
	MH Intensive Treatment	\$43,500	
	Service Coordination & Wraparound	\$20,000	
	RIAC Support Grant	\$90,091	
	Children's Training	\$10,000	
	Case Management	\$1,934	
	Deaf and Hard of Hearing	<u>\$11,241</u>	
	Sub-Total SED	\$240,833	
	TOTAL		\$336,324
Total Regional Boards			\$4,268,440

STATEWIDE PROJECTS (through Regional Boards)

LifeSkills	Statewide Adult Case Management Training - SMI	\$12,661	
	Children's Training Initiatives - SED	\$5,548	
	MH Training and TA, USpra - SMI	\$10,410	
	Recovery Initiative - SMI	\$18,933	
	Peer Support - SMI	\$19,491	
Seven Counties	Consumer Services - SMI	\$30,628	
	National Alliance for Mentally Ill (NAMI KY) - SMI	\$30,930	*continuation funding awaiting contract award
	Kentucky Partnership for Families & Children (KPFC) - SED	\$14,252	*continuation funding awaiting contract award
	Kentucky Consumer Advocate Network (KY CAN) - SMI	\$137,154	*continuation funding awaiting contract award
	Common Grounds Training Center - SMI	\$3,927	
	Adult Leadership Academy - SMI	\$6,332	
	Mental Health and Aging - SMI	\$20,000	
Bluegrass	Parent Advocate Mini-Grants - SED	\$20,000	
	Opportunities for Family Leadership - SED	\$16,000	
	Suicide Prevention - SMI/SED	\$10,000	
	Statewide Consumer Conference - SMI	\$11,000	
	Statewide Deaf & Hard of Hearing - SMI/SED	<u>\$46,787</u>	

STATEWIDE PROJECTS (through Regional Boards)

Sub-total Statewide Projects SMI	\$301,466
Sub-total Statewide Projects SED	\$55,800
Sub-total Statewide Projects SMI/SED	\$56,787

Total Statewide Projects	\$414,053
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OTHER CONTRACTS & STATE LEVEL PROJECTS

Kentucky Housing Authority - SMI	\$12,125
Department of Corrections - SMI	\$50,000
MH Planning & Advisory Council – SMI/SED	\$10,981
UK Research & Data Mgmt. Center (RDMC) -SMI/SED	\$23,027
State Level Travel - SMI/SED	\$7,433
UK Center for Drug & Alcohol Research (CDAR) - SED	\$16,261
Eastern Kentucky University - SMI/SED	\$3,221
Office of Vocational Rehabilitation - S Employment - SMI	\$75,000
Kentucky Partnership for Families & Children (KPFC) - SED	\$93,848
National Alliance for the Mentally Ill (NAMI KY) - SMI	\$58,961
National Alliance for the Mentally Ill - CIT - SMI	\$86,000
KY Consumer Advocacy Network (KY-CAN) - SMI	<u>\$55,060</u>
Sub-total other SMI	\$337,146
Sub-total other SED	\$110,109
Sub-total other SMI/SED	\$44,662

Total Other	\$491,917
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Total SMI	\$3,222,541
Total SED	\$1,850,420
Total SMI/SED	<u>\$101,449</u>

GRAND TOTAL	\$5,174,410
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Narrative Description of Activities funded by the Block Grant:

Block Grant funds are utilized for a variety of **statewide and local consumer and family support initiatives**. These initiatives are focused on goals related to advocacy, research, discrimination reduction, wellness and recovery programs, peer support, education and training, and operating support.

The **Leadership Academy** is a 2 ½ day educational program for persons with a mental illness who have a desire and interest in developing and improving their leadership and advocacy skills. Lessons are geared to address local and state concerns and provide students with practical and useful communication skills. The Leadership Academy

consists of two training levels. Level One Training is the general skills training. Level Two training is a Train-the-Trainers format, where graduates are able to return to their regions and teach groups. Graduates of the leadership academy are able:

- To identify and assess community issues and needs,
- To create, develop and participate in group action plans,
- To organize local advocacy groups into a respected and effective voice on mental health issues, and
- To participate on boards, councils and commissions.

Leadership Academy graduates attend and participate on Eastern State Hospital's Recovery Mall Leadership Council. This not only benefits the residents at Eastern State Hospital who are working on their own recovery, it also benefits the Leadership Academy graduates by allowing them to utilize their skills.

The **Leadership Academy Newsletter—LEAPS** is a statewide consumer initiated newsletter that promotes communication within the Community Mental Health Centers and offers information to consumers, family members and providers on various recovery oriented projects and information.

Kentucky Peer Specialist Training is a 5 day intensive training program for persons with a mental illness who have a desire to learn more about the recovery process and learn how to help others move forward in their own recovery process.

- The **Consumer Advocacy Committee** is a consumer and family member education and involvement function that the Department has supported for approximately sixteen years. This Committee promotes discussion of upcoming and pending legislation of interest to participants and provides an opportunity for participants who are involved in the regional community mental health centers to report on initiatives in their regions and to learn about other regional programs. Members have the opportunity to improve their leadership skills by participating in the meeting process. It also provides a direct communication link to consumers, family members and providers who are interested in the planning process for mental health services through the Department. Finally, it brings together grass roots organizations with similar missions to reduce duplication of effort.

The Department currently contracts, using Block Grant funding, with Kentucky Consumer Advocate Network (KYCAN) as our **statewide consumer organization** and the National Alliance for the Mentally Ill-Kentucky (NAMI-KY) as our **statewide family organization**. These contracts support several initiatives including:

- Statewide affiliate organizations for families and consumers;
- Consumer training in Mary Ellen Copeland's Wellness, Recovery, Action Plan (WRAP) program;
- Consumer training in Mental Health Advanced Directives;
- Peer Reviews of community mental health centers;
- Consumer self-advocacy and recovery training;
- Family to Family Support groups; and
- Two statewide consumer conferences.

Block Grant funding also supports other various consumer involvement activities, including:

- Encouraging increased collaboration between Regional Boards and advocacy organizations;
- Continuing reimbursement for consumer and family members to attend state and regional meetings, conferences, and other gatherings; and
- Encouraging a consistent grievance process statewide.

The Block Grant helps to fund training for law enforcement officers in mental health issues and diversion. **Crisis Intervention Team (CIT) Training** is a 40 hour training that occurs statewide in Kentucky. Approximately 204 officers were trained in SFY 2008 and the goal is to train 180 additional officers in SFY 2009.

KDMHDDAS has an interagency agreement with the **Office of Vocational Rehabilitation** that uses CMHS Block Grant funds to leverage **supported employment** services for adults with severe mental illness.

Block Grant Funds are used to support mental health services to persons who are **Deaf and Hard of Hearing**. According to the 2002-2003 Biennial Report of the Advisory Committee for Mental Health Services for Deaf and Hard of Hearing Persons to the Kentucky legislature, only 1.9% of Kentucky citizens with hearing loss received the mental health services they needed. Only 0.7% of this population needing substance abuse treatment received it. Significant barriers for this population exist including a lack of clinicians fluent in American Sign Language and knowledgeable about hearing loss issues; availability and cost of qualified interpreters; and lack of awareness by inpatient units and specialized providers. An Advisory Committee meets quarterly bringing together representatives from state agencies and deafness-related programs to address four mandates:

- Describe the accommodations and mental health, mental retardation, developmental disability, and substance abuse services made accessible to deaf and hard of hearing persons;
- Report the number of deaf or hard of hearing persons served;
- Identify additional service needs for the deaf and hard of hearing; and
- Identify a plan to address unmet service needs

In SFY 2008, a Statewide Coordinator and a Program Coordinator were hired to coordinate these services from the DMHDDAS. Two of the fourteen Regional MHMR Boards employ Clinical Specialists / Program Coordinators. Other regions show varying degrees of ability to meet the needs of consumers with hearing loss.

Statewide Adult Targeted Case Management Training is provided with Block Grant funding. Kentucky embraces a strengths based model advocated by the University of Kansas (Dr. Charles Rapp) blended with the psychiatric rehabilitation model endorsed by Boston University (Dr. William A. Anthony). Kentucky's Case Managers have caseloads of 25-30 individuals. During SFY 2008, an Advisory Committee was formed and the case management certification training curriculum was updated and placed in an online format. Face-to-face case management certification training requirements were decreased from 2 ½ days to 1 day. Newly hired case managers are now able to begin certification training immediately upon hire, by utilizing the information module online.

The certification exam was also placed in an online format. Additionally a two-day, Enhanced Case Management Training was offered in June of 2008.

Block Grants funds are used for the **Supportive Housing Specialist** statewide position, which is jointly funded by the Kentucky Housing Corporation. This person works to further integrate the housing needs of persons with mental illness into the state housing finance agency's programs. Technical assistance and consultation in developing housing projects is provided to local nonprofits by the Specialist.

Suicide Prevention is a critical consideration for Kentucky's system of care. While suicidality is often recognized among vulnerable youth, research consistently indicates youth are not the most vulnerable population. In Kentucky suicide is the 4th leading cause of death for 35 to 54 years of age. The Kentucky Suicide Prevention Group (KSPG) has emerged as the collaborative group to develop a state prevention plan that guides the state's response to suicide within the Commonwealth. Mental Health Block Grant funds are used to assist with providing statewide prevention training. As a result of Block Grant funds in addition to other funding sources, an infrastructure of 200 trained gatekeepers conduct QPR (Question, Persuade and Refer) awareness trainings throughout the state, nine local coalitions have been established, school-based prevention programs have been introduced to multiple school districts, 300 clinical trainings have been conducted and statewide media campaigns involving the production of a Kentucky specific video chronicling the impact of suicide on Kentucky citizens have raised the level of awareness throughout the Commonwealth.

The DMHDDAS has partnered with the **Kentucky Department of Corrections** to provide a reintegration specialist with Block Grant funding. The specialist works with state prisoners with serious mental illness who are getting ready to serve-out. Individual needs are assessed and resources gathered in order to allow an effective re-entry into the community. This program has been very successful, but is limited in the number of this population that is able to be served.

Kentucky is committed to addressing the need of expanded access to mental health treatment for **older adults with serious mental illness**. In 1999, Kentucky received a SAMHSA grant that eventually led to the development of a state level Mental Health and Aging Coalition. The state level coalition consists of representatives from DMHDDAS, Department for Aging and Independent Living (DAIL), Area Agencies on Aging, Department of Vocational Rehabilitation, University of Kentucky, Regional MHMR Board staff, consumers, and other interested stakeholders. Coalition goals are:

- To develop a public awareness campaign to educate consumers, caregivers, professionals, volunteers and the general public about mental health issues of older people;
- To promote the integration of geriatric and mental health training for professionals, paraprofessionals and caregivers;
- To facilitate the development of local/district coalitions throughout the state;
- To analyze aging and mental health services for older adults and recommend changes to maximize existing resources and access;
- To review, initiate and influence public policy/legislation as necessary to accomplish the coalition's goals and objectives, with an emphasis on maximizing existing resources/funding; and

- To conduct fundraising campaigns to support coalition's goals.

During SFY 2008 there were ten Mental Health and Aging Coalitions in Kentucky. Mental Health Block Grant funds were used to support the following activities through these coalitions:

- Regional training/conferences for professionals and caregivers;
- Public education and awareness activities;
- Traveling exhibit boards;
- Needs assessment including local focus groups;
- Development and distribution of resource manuals;
- Health fairs and depression screenings;
- Sponsoring of a mental health and aging track at University of Kentucky Summer Series on Aging statewide conference; and
- Mental Health training for volunteers.

Kentucky

Child - Summary of Areas Previously Identified by State as Needing Improvement

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Child - Report Summary of Areas which the State Identified in the FY 2008 Approved Plan as Needing Improvement

Narrative Question: Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

The following were identified as areas of focused attention for SFY 2008 regarding children with severe emotional disturbances (SED), and their families.

1. Continue to promote consumer and family involvement at every level of the children's system of care

During SFY 2008, Kentucky continued to promote youth and family involvement at every level of the children's system of care in the following ways:

- In July 2007, the statewide family advocacy organization, Kentucky Partnership for Families and Children (KPFC) was provided funding to conduct a family support study. The purpose of this study was to develop infrastructure and to evaluate the effectiveness of that infrastructure in building a statewide “family-driven and youth-guided” System of Care (SOC). This study has three prongs: Leadership Academy, Family Peer Support Training, and preparing community partners for a “family-driven and youth-guided” System of Care (SOC). Two Leadership Academies were held in SFY 2008 and the response received has been very positive, even from very experienced Family Liaisons from different regions of the state. The goals of the Leadership Academy are to:
 - ☆ Strengthen the parent's and youth's current leadership skills,
 - ☆ Help the parents and youth to become more comfortable sharing their story in an appropriate manner,
 - ☆ Increase the parent's and youth's ability to become leaders in their communities, and
 - ☆ Build understanding with the parents and youth of what a “family-driven” and “youth-guided” System of Care looks like and what their role is in creating it in their communities.
- The second part of creating a family-driven and youth-guided System of Care (SOC) is working to bring sustainability and legitimacy to the Family Peer Support Specialist position (currently Family Liaisons). KPFC began work on the core content of the curricula for the Family Peer Support Specialist which includes training on ethical behaviors, confidentiality, data-driven and outcome based decision-making, and building a network of family and youth leaders in the community and within the SOC. A pilot training will be held for all current family liaisons from April 20 – 24, 2009. KPFC is also working with the Department to create a regulation that would move Family Peer Support Specialist as being Medicaid billable for providing peer support services. KPFC's goal is to have Family Peer Support Specialist to be Medicaid billable through their community mental health centers by spring 2010. KPFC would provide the initial training and ongoing coaching for the Family Peer Support

Specialist to ensure the highest level of peer support services and to help collect outcome information.

- KPFC has developed curricula and in SFY 2009 will host a train-the-trainers workshop for youth and parent graduates of the Leadership Academy. They will be trained on presenting “Building a Family-Driven and Youth-Guided SOC” and KPFC will provide support to them in setting up informational meetings with system partners in their own communities. KPFC will continue to provide coaching for these parent/youth leaders as they move toward this next step in their journey.

2. Redesign the training curriculum used with Family Liaisons across the state

In an effort to move toward peer support as a billable service, a workgroup was convened in SFY 2008 to look at the information available within the state and across the nation regarding peer services and training/coaching curricula that would be best suited to the needs of Kentucky. It was the consensus that the **Family Peer Support Specialist** will be trained to:

- Guide clients toward the identification and achievement of specific goals defined by the client and specified in the Individual Treatment Plan.
- Assist the client in developing a Wraparound plan.
- Serve as an active member of the client’s treatment team.
- Advocate for services requested by the client.
- Cultivate the client’s ability to make informed, independent choices, to set goals, and assist the client in gaining information and support from the community.
- Plan activities with the client that lead to improved self-concepts through empowerment and self-determination opportunities.
- Teach and model the importance of medication monitoring, effective communication with doctors and other caregivers.
- Provide support and encouragement to both the client and other family members, when it is the choice of the client to do so.
- Offer hope of recovery from mental illness and/or substance use by sharing their own recovery stories and by teaching clients how to tell their own recovery stories effectively.

The core curriculum will be delivered over 36-hours of training, following which the Family Peer Support Specialist should be Medicaid billable.

3. Further develop protocol for addressing the needs of youth with co-occurring mental health and substance abuse disorders

During SFY 2008, Kentucky continued to make progress towards more effectively addressing the needs of youth with co-occurring disorders. This was possible in large part due to staff hired through an adolescent substance abuse (C-SAT) grant, Kentucky Youth First (KYF). Progress has been realized in the following ways:

- Training and coaching for staff of the Regional Boards, as well as those of other agencies, to address the needs of youth with co-occurring mental health and substance use disorders. Trainings included 7 Challenges, Motivational Interviewing, MET-CYT, and various versions of the Global Appraisal of Individual Needs (GAIN) assessment system;
- Assistance with drafting revisions of regulations and statutes which establish the criteria for an AODE license, to include adolescent language which will also be reflected in contracts with providers;
- Continued statewide roll out of the Reclaiming Futures (RF) model is underway. KYF staff is providing technical assistance and coaching to the four new sites which plan to submit a proposal to the RF national program office to become an official Reclaiming Futures site.
- Convened meetings of key leadership from the Regional Boards (Chief Executive Officers, Chief Financial Officers, Directors of Substance Abuse Services, and the Directors of Child and Adolescent Services) to discuss avenues of reimbursement for co-occurring treatment for adolescents. Topics included the barriers, concerns and successes in the use of EPSDT funds. Key goals and objectives were outlined and measurable next steps developed by the participants and Department staff;
- Continue the implementation of evidence based and best practices for adolescent substance abuse and co-occurring treatment. KYF has been very successful in delivering training for trainers, coaching and technical assistance across youth serving agencies. An Implementation Planning Tool has been developed and is being piloted with technical assistance from Dean Fixsen. This tool will allow decision makers to be more “mindful” and “planful” when implementing new training and new programming. The final version of the tool will be made available for State and local agencies and other grantee sites to use.

4. Further implement Olmstead Plan for children and youth

During SFY 2008, Kentucky continued to promote community based services as an alternative to out of home placement for children with severe emotional disabilities. Efforts to strengthen and support the community based system of care in spite of budget deficits and reliance on traditional services due to their funding streams remain ongoing. Educating providers, families, and state agency partners about Olmstead and what the decision means for children and families in Kentucky. Olmstead Coalition grant funds were used to further share information, through training, technical assistance and materials about system of care values and principles, ADA and school law, wraparound with fidelity, trauma informed care, youth transition services and supports and motivational interviewing techniques.

5. Partner with Regional Boards to promote best practices and share information among stakeholders

Department staff regularly attends the Peer Group meetings of the Children's Services Directors, the Therapeutic Foster Care providers, the IMPACT (wraparound) program directors and the Substance Abuse Directors from the fourteen Regional Boards. Information is exchanged to keep open the dialogue around the goals, activities, challenges, and barriers to moving the Children's system of care forward. The following are specific initiatives to promote best practices that have been advanced during SFY 2008:

- In partnership with Kentucky Youth First (funded as an adolescent substance abuse grant), staff developed and piloted an implementation and sustainability planning process which ensures that consideration is given to the core implementation components delineated by Fixsen and his colleagues (2005) for any best practice, program, and/or initiative being implemented. This facilitated planning process has been utilized by over 10 cross-agency planning groups and includes a primer to help individuals better understand the importance of planning for implementation and sustainability as well as the core implementation components for consideration.
- The Department secured Transformation Transfer Initiative funds from NASMHPD to improve the statewide infrastructure to support implementation of high fidelity wraparound. Using the planning process described above, an implementation and sustainability plan was created which includes the development of a training curriculum for wraparound facilitators, creation of wraparound coaching and supervision structures, design of a wraparound fidelity monitoring system, and promotion of internal and external systems facilitators to enhance wraparound fidelity. Implementation of these new processes will be piloted in volunteer regions in early 2009.
- In partnership with the Department of Public Health, training and coaching opportunities were offered to Regional Board staff in various early childhood mental health evidence-based and best practices, including Parent-Child Interaction Therapy, Parent-Infant Dyad Therapy, Cognitive Behavior Therapy to address perinatal depression, Incredible Years, and Early Childhood Mental Health Consultation.
- In partnership with the Kentucky Center for Instructional Discipline, school-based mental health staff received training and coaching in the implementation of a schoolwide positive behavior supports (SWPBS) model.

6. Partner with the Kentucky Center for Instructional Discipline to provide statewide training and technical assistance to Regional MH/MR Board staff and local education authorities in implementing components of the three-tiered, strengths-based model - Positive Behavioral Interventions and Supports (PBIS), to address mental health needs of children in school settings

The Kentucky Center for Instructional Discipline (KYCID) serves as a partner on the State Wraparound Implementation Fidelity Team which has created an implementation and sustainability plan to enhance the degree to which the wraparound process is provided with fidelity in Kentucky. Part of this plan includes the development of core curricula for wraparound facilitation training and wraparound

coaching which KYCID will utilize in their work with schools across the Commonwealth. KYCID regularly attends and often presents information to the State Interagency Council (SIAC) regarding implementation of PBIS in schools across the state.

7. Establish interagency collaboration (State Interagency Council and Department of Education) to address the transition needs of youth with disabilities

Addressing the unique needs of youth with SED/SMI who are aged 16-25 years continues to challenge service providers, funding entities and of course the families themselves. Primarily still in a studying and planning phase, Kentucky hopes to move forward in developing a more robust system of care for these youth. During SFY 2008, Department staff attended and participated in:

- Quarterly meetings of the Kentucky Interagency Transition Council for Persons with Disabilities (KITC). This council is convened by the Kentucky Department for Education and is comprised of over 20 members from stakeholder entities to address the needs of transitioning youth with disabilities of all types;
- Quarterly meetings of the KITC's Core Team that provides oversight to the eleven established Regional Interagency Transition Teams (RITTs) across the Commonwealth. The RITTs are charged with promoting and developing transition services in local communities;
- Quarterly meetings of the Kentucky Post School Outcomes (KYP SO) Advisory Group, also convened by Education;
- Quarterly meetings of the Youth Aging Out of Foster Care Committee, chaired by Protection and Advocacy;
- Monthly meetings of The Kentucky Partners for Youth Transition, a collaborative group of youth and community partners focusing on youth, with mental health and substance abuse disorders, who are transitioning to adulthood. Since they began meeting in January 2008, they have built consensus on gaps and needed services, studied best practice models for transition age youth with mental health and substance use issues, and are currently in the process of moving towards a statewide framework based on the system of care/wraparound values and principles (the Transition to Independence Process System) that will be utilized across agencies serving youth with mental health and substance use issues.

8. Continue the collaborative work to promote suicide prevention efforts in Kentucky

Building on the fundamental premise that suicide prevention is everybody's business and utilizing a public health model, the Department has assisted the Kentucky Suicide Prevention Group to build a network of collaborative partners in order to extend the reaches of suicide awareness, prevention, intervention and postvention throughout the state. As part of a comprehensive state suicide prevention plan, the Department makes available a variety of clinical training opportunities ranging from 90 minute to full day workshops. Every community mental health center across the state has staff trained in QPR (Question, Ask and Persuade) and all report being

involved in education and awareness activities throughout the year. A strong marketing plan has been established and implemented. Toolkits have been created for distribution to communities, businesses and schools to promote awareness and prevention, as well as intervention and postvention skills and readiness in the event of a suicide attempt or completion.

Kentucky

Child - Most Significant Events that Impacted the State in the Previous FY

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Child - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Narrative Question: Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

During SFY 2008, the following achievements were noted for the DMHDDAS.

- Kentucky elected a new governor in SFY 2008, and there was a complete turnover in executive staff. In addition, most Cabinets and Departments in the state had major leadership turnover. The Cabinet for Health and Family Services reorganized their structure. In addition, there was a mass exodus of retirees during this time period. Most Cabinets and Departments lost major leadership due to retirees as well. This has affected forward progress in a negative way. For example, the Department for Medicaid Services has lost numerous staff by attrition and has a new Commissioner and Deputy Commissioner who are not familiar with Medicaid programs. Although the relationship with Medicaid has been very amicable, progress on Peer Support Services was delayed due to this change in leadership.
- State revenues have substantially declined and the Department was forced to pass onto the Regional Boards a 3% cut in funding for SFY 2009 (July 1, 2008-June 30, 2009). This, in addition to flat funding for many years and increased costs for employee healthcare and retirement benefits forced the Boards to cut services. Several closed clinics in rural areas and consolidated offices and staff positions. It is anticipated that state revenue will continue to decline as the current forecast appears quite bleak.
- A Transformation Transfer Initiative (TTI) Grant was received from SAMHSA in January of 2008, to support the implementation of wraparound, with fidelity, statewide. A State Wraparound Implementation Fidelity Team was convened consisting of staff from DMHDDAS and other stakeholders. The Team worked to move the system forward by developing marketing tools and planning a training and coaching protocol. This work continues into SFY 2009.
- The Department hired a program administrator and a program coordinator for Deaf and Hard of Hearing Services. This is an essential service component that affects all service areas. This team has already begun to restructure the statewide service system and positively affect the quality of services for individuals who are Deaf and Hard of Hearing and suffer from a mental illness.
- The Department, in collaboration with the Kentucky Interagency Council on Homelessness, developed a homeless prevention plan and Kentucky's Ten Year Plan to end homelessness.

Kentucky

Child - Purpose State FY BG Expended - Recipients - Activities Description

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Child - Purpose State FY BG Expended - Recipients - Activities Description

Narrative Question: Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Purpose for which Regional Board Funds were Expended

Mental Health Block Grant Expenditures for SFY 08

REGIONAL BOARDS (for SERVICES)			
<u>Regional Board</u>	<u>Service/Project</u>	<u>Amount</u>	<u>Totals</u>
Four Rivers	Outpatient Individual Therapy	\$79,336	
	Adult Case Management	<u>\$52,891</u>	
	Sub-Total SMI	\$132,227	
	MH Intensive Treatment	<u>\$65,630</u>	
	Sub-Total SED	\$65,630	
	TOTAL		\$197,857
Pennyroyal	Consumer & Family Support	\$5,000	
	Crisis Services	\$16,500	
	Mental Health Treatment	\$48,818	
	Case Management & Outreach	\$48,818	
	Housing Options	\$30,000	
	Rehabilitation Services	<u>\$29,323</u>	
	Sub-Total SMI	\$178,459	
	Family Involvement & Support	\$7,000	
	MH Outpatient Treatment	\$22,658	
	MH Intensive Treatment	\$22,658	
	Service Coordination & Wraparound	<u>\$22,657</u>	
	Sub-Total SED	\$74,973	
	TOTAL		\$253,432
River Valley	Consumer & Family Support	\$29,200	
	Case Management & Outreach	\$30,430	
	Rehabilitation Services	\$119,935	
	Adult Wraparound	<u>\$16,000</u>	
	Sub-Total SMI	\$195,565	
	MH Outpatient Treatment	<u>\$79,288</u>	
	Sub-Total SED	\$79,288	
	TOTAL		\$274,853
Lifeskills	Intensive Case Management	\$36,000	
	Supported Housing	\$80,025	
	Supported Employment	\$8,298	
	Office of Consumer Advocacy	<u>\$79,000</u>	

<u>Regional Board</u>	<u>Service/Project</u>	<u>Amount</u>	<u>Totals</u>
	Sub-Total SMI	\$203,323	
	MH Outpatient Treatment	<u>\$86,739</u>	
	Sub-Total SED	\$86,739	
	TOTAL		\$290,062
Communicare	Case Management & Outreach	\$100,000	
	Residential Support	\$25,000	
	Therapeutic Rehabilitation	<u>\$20,407</u>	
	Sub-Total SMI	\$145,407	
	MH Outpatient Treatment	<u>\$95,731</u>	
	Sub-Total SED	\$95,731	
	TOTAL		\$241,138
Seven Counties	Case Management	\$171,743	
	Crisis Stabilization	\$49,001	
	Community Support	\$135,335	
	Housing Development	\$42,111	
	Outpatient Treatment	\$56,650	
	Deaf and Hard of Hearing	<u>\$19,417</u>	
	Sub-Total SMI	\$474,257	
	MH Outpatient Treatment	\$235,958	
	MH Intensive Treatment	\$50,000	
	Systems Integration	\$50,000	
	Crisis Stabilization	\$30,000	
	Deaf and Hard of Hearing	<u>\$19,416</u>	
	Sub-Total SED	\$385,374	
	TOTAL		\$859,631
North Key	Recovery Network of Northern KY	\$60,000	
	Outpatient Treatment	\$63,056	
	Case Management	\$7,500	
	Housing Support Services	\$72,540	
	Consumer Operated Social Support	\$10,000	
	Housing Developer	\$35,000	
	MHA Stigma Fighters	\$24,500	
	Consumer Training and Initiatives	<u>\$3,539</u>	
	Sub-Total SMI	\$276,135	
	Family Involvement & Support	\$3,500	
	MH Outpatient Treatment	<u>\$70,952</u>	
	Sub-Total SED	\$74,452	
	TOTAL		\$350,587

<u>Regional Board</u>	<u>Service/Project</u>	<u>Amount</u>	<u>Totals</u>
Comprehend	In-Home Support	\$8,000	
	Therapeutic Rehabilitation	<u>\$26,688</u>	
	Sub-Total SMI	<u>\$34,688</u>	
	MH Outpatient Treatment	<u>\$52,453</u>	
	Sub-Total SED	<u>\$52,453</u>	
	TOTAL		\$87,141
Pathways	Case Management & Outreach	\$124,077	
	Therapeutic Rehabilitation	<u>\$103,893</u>	
	Sub-Total SMI	<u>\$227,970</u>	
	Family Involvement & Support	\$20,000	
	MH Outpatient Treatment	\$68,257	
	Mobile Crisis	\$75,000	
	Crisis Stabilization	<u>\$109,477</u>	
	Sub-Total SED	<u>\$272,734</u>	
	TOTAL		\$500,704
Mountain	Targeted Case Management	<u>\$177,278</u>	
	Sub-Total SMI	<u>\$177,278</u>	
	MH Outpatient Treatment	<u>\$67,458</u>	
	Sub-Total SED	<u>\$67,458</u>	
	TOTAL		\$244,736
Kentucky River	Therapeutic Rehabilitation	<u>\$77,709</u>	
	Sub-Total SMI	<u>\$77,709</u>	
	Family Involvement & Support	<u>\$28,061</u>	
	Sub-Total SED	<u>\$28,061</u>	
	TOTAL		\$105,770
Cumberland River	Social Club Drop In	\$1,768	
	Outpatient Therapy	\$68,177	
	Case Management	\$47,565	
	Residential Support	\$28,565	
	Housing Development	\$4,389	
	Therapeutic Rehabilitation	<u>\$93,746</u>	
	Sub-Total SMI	<u>\$244,210</u>	
	Family Involvement & Support	\$18,635	
	MH Outpatient Treatment	\$46,586	
	MH Intensive Treatment	\$18,634	
	Service Coordination & Wraparound	\$4,659	
	Systems Integration	<u>\$4,659</u>	

<u>Regional Board</u>	<u>Service/Project</u>	<u>Amount</u>	<u>Totals</u>
	Sub-Total SED TOTAL	\$93,173	\$337,383
Adanta	Consumer and Family Support	\$28,495	
	Crisis/Emergency Services	\$6,505	
	Case Management & Outreach	<u>\$86,210</u>	
	Sub-Total SMI	\$121,210	
	MH Outpatient Treatment	<u>\$67,612</u>	
	Sub-Total SED TOTAL	\$67,612	\$188,822
Bluegrass	Outreach Specialist	\$30,000	
	Supported Housing	\$34,170	
	Residential Housing	\$20,080	
	Deaf and Hard of Hearing	<u>\$11,241</u>	
	Sub-Total SMI	\$95,491	
	MH Outpatient Treatment	\$64,067	
	MH Intensive Treatment	\$43,500	
	Service Coordination & Wraparound	\$20,000	
	RIAC Support Grant	\$90,091	
	Children's Training	\$10,000	
	Case Management	\$1,934	
	Deaf and Hard of Hearing	<u>\$11,241</u>	
	Sub-Total SED TOTAL	\$240,833	\$336,324
Total Regional Boards			\$4,268,440
STATEWIDE PROJECTS (Regional Boards As Fiscal Agents)			
LifeSkills	Statewide Adult Case Management Training - SMI	\$12,661	
	Children's Training Initiatives - SED	\$5,548	
	MH Training and TA, USPRA - SMI	\$10,410	
	Recovery Initiative - SMI	\$18,933	
	Peer Support - SMI	\$19,491	
Seven Counties	Consumer Services - SMI	\$30,628	
	National Alliance for Mentally Ill (NAMI KY) - SMI	\$30,930	*continuation funding awaiting contract award
	Kentucky Partnership for Families & Children (KPFC) - SED	\$14,252	*continuation funding awaiting contract award

	Kentucky Consumer Advocate Network (KYCAN) - SMI	\$137,154	*continuation funding awaiting contract award
	CTC Resource Center - SMI	\$3,927	
	Leadership Academy - SMI	\$6,332	
	Mental Health and Aging - SMI	\$20,000	
Bluegrass	Parent Advocate Mini-Grants - SED	\$20,000	
	Opportunities for Family Leadership - SED	\$16,000	
	Suicide Prevention - SMI/SED	\$10,000	
	Statewide Consumer Conference - SMI	\$11,000	
	Statewide Deaf & Hard of Hearing SMI/SED	<u>\$46,787</u>	
	Sub-total Statewide Projects SMI		\$301,466
	Sub-total Statewide Projects SED		\$55,800
	Sub-total Statewide Projects SMI/SED		\$56,787

Total Statewide Projects	\$414,053
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OTHER CONTRACTS & STATE LEVEL PROJECTS

Kentucky Housing Authority - SMI	\$12,125	
Department of Corrections - SMI	\$50,000	
MH Planning & Advisory Council - SMI/SED	\$10,981	
UK Research & Data Mgmt Center (RDMC) - SMI/SED	\$23,027	
State Level Travel - SMI/SED	\$7,433	
UK Center for Drug & Alcohol Research (CDAR) - SED	\$16,261	
Eastern Kentucky University - SMI/SED	\$3,221	
Office of Vocational Rehabilitation - S Employment - SMI	\$75,000	
Kentucky Partnership for Families & Children (KPFC) - SED	\$93,848	
National Alliance for the Mentally Ill (NAMI KY) - SMI	\$58,961	
National Alliance for the Mentally Ill - CIT - SMI	\$86,000	
KY Consumer Advocacy Network (KY-CAN) - SMI	<u>\$55,060</u>	
Sub-total other SMI		\$337,146
Sub-total other SED		\$110,109
Sub-total other SMI/SED		\$44,662

Total Other	\$491,917
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Total SMI	\$3,222,541
Total SED	\$1,850,420

Total SMI/SED

\$101,449

GRAND TOTAL

\$5,174,410

SFY 2008 MH Block Grant Expenditures for Children by Region and Service

Region	Family and Youth Involvement and Support	MH Outpatient Treatment	MH Intensive Treatment	Service Coord. & Wraparound	Systems Integration	Other	Total
1			65,630				\$65,630
2	7,000	22,658	22,658	22,657			\$77,227
3		81,671					\$81,671
4		89,346					\$89,346
5	28,500	70,109					\$98,609
6		159,853	50,000		84,700	\$100,000*	\$394,553
7		72,294					\$72,294
8		54,030					\$54,030
9/ 10	20,000	73,164				184,477**	\$277,641
11		69,486					\$69,486
12	28,904						\$28,904
13	19,194	47,989	19,195	4,798	4,798		\$95,974
14		69,644					\$69,644
15		64,067	43,500	20,000		\$520,505***	\$248,072
Total	\$103,598	\$875,062	\$203,707	\$48,207	\$89,498	\$804,982	

*\$30,000 for Crisis Stabilization and \$19,416 for Deaf and Hard of Hearing Services.

**\$109,477 for Crisis Stabilization and \$75,000 for Mobile Crisis.

***\$11,241 for Deaf and Hard of Hearing Services, \$90,091 for RIAC Support Grant, \$10,000 for Children's Training, and \$1,934 for Case Management.

Funded Entities

Narrative Description of Activities funded by the Block Grant:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	38.80	41.80	39	44	112.82
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To increase access to services for adults with SMI.
Target:	Increase the percentage of adults with SMI who receive services from the Regional Boards from 38.8 in 2006 to 39.0% in 2008.
Population:	Adults with SMI
Criterion:	2:Mental Health System Data Epidemiology 3:Children's Services
Indicator:	Penetration Rate - Adults with SMI
Measure:	Value: Percent Numerator: Number of adults with SMI served by the Regional Boards. Denominator: 2.6% of the total number of adults per Kentucky 2000 census.
Sources of Information:	MIS (client and event data) for actual number served and Department staff sets targets based on the corresponding year's Plan and Budget applications from the Boards and knowledge of various factors that may impact the system.
Special Issues:	
Significance:	This is considered a valuable indicator for the population served and it is representative of the steady increase in demand for services on a system that has experienced little more than flat line funding for a number of years. It may also represent improvement in improved accuracy of the SMI markers in the MIS.
Activities and strategies/ changes/ innovative or exemplary model:	The DMHMRS will carry out activities to increase the number of persons with SMI receiving services by: Establishing a performance indicator in the SFY2008 contracts with the Regional MH/MR Boards, monitoring penetration rates statewide by region and developing action plans with regions who fall below the statewide penetration rate, and addressing these issues at the quarterly Community Support Program Director meetings, and meetings of the Kentucky Association for Regional Programs (KARP).
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved - The number of individuals with SMI served by Regional MH/MR Boards has continued to increase, from 33,154 in SFY07 to 34,565 in SFY08, this despite an across the board budget reduction for each of the Boards.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	16.70	16.86	13.50	16.26	83.03
Numerator	629	707	--	651	--
Denominator	3,747	4,194	--	4,003	--

Table Descriptors:

Goal:	To ensure that adults with SMI are linked with appropriate services and supports upon discharge from state psychiatric hospitals.
Target:	Decrease readmissions of adults with SMI, who had been discharged from the same facility within the subsequent 30 days, from 16.7% in SFY2006 to 13.5% in SFY2008.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	State Hospital Readmission for Adults with SMI/30 days
Measure:	Value: Percent Numerator: Number of admission episodes during the reporting period in which adults with SMI had been discharged from the same facility within 30 days preceding the admission. Denominator: Total number of admissions of adults with the SMI marker to the facility that occurred in the state fiscal year.
Sources of Information:	Facility MIS is the source for actual number served by state hospitals. This is linked with CMHC client data. Department staff set targets based on the corresponding year's Plan & Budget applications.
Special Issues:	
Significance:	This is considered a valuable indicator for the population served and it is representative of the increase in demand for services on a community system that has experienced little more than flat line funding for a number of years.
Activities and strategies/ changes/ innovative or exemplary model:	The DMHMRS will carry out activities to reduce the utilization of inpatient beds by: Establishing a performance indicator in the SFY2008 contracts with Regional Boards, assuring continuity of care between inpatient and outpatient providers through participation in continuity of care meetings convened by the four state hospitals, producing a quarterly continuity of care report showing data trends, and focusing on continuity of care issues in state hospital and Regional Board monitoring. Observe the implementation of the DIVERTS Program (a Cabinet level project) in Western Kentucky to assure that the program has successfully reduced inpatient admissions. Participate in development and monitoring of replication of this program in other areas of the state.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved - Financial penalties / incentives not included in SFY2008 contracts therefore corrective action steps with Regional MH/MR Boards were limited. Also, DIVERTS funding for the remaining 10 Regional Boards outside of Western Kentucky was greatly reduced in SFY 08 (approximately \$110,000 per Region) and eliminated in SFY 09. Our target was obviously too ambitious as it was based on the sum of the 14 individual Board targets for this indicator.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	38.80	37.63	35	37.50	93.33
Numerator	1,456	1,578	--	1,501	--
Denominator	3,747	4,194	--	4,003	--

Table Descriptors:

Goal:	To ensure adults with SMI have access to an appropriate level of community services and supports upon discharge from state hospitals.
Target:	Decrease readmissions of adults with SMI, who had been discharged from the same facility within 180 days, from 38.8% in SY2006 to 35.0% in SFY2008.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	State Hospital Readmission for Adults with SMI / 180 days
Measure:	Value: Percent Numerator: Number of admission episodes during the reporting period in which adults with SMI had been discharged from the same facility within 180 days preceding another admission. Denominator: total number of admissions of adults with the SMI marker to the facility that occurred in the state fiscal year.
Sources of Information:	Facility MIS is the source for actual number served by state hospitals. This is linked with CMHC client data. Department staff set targets based on the corresponding year's Plan and Budget applications.
Special Issues:	
Significance:	This is considered a valuable indicator for the population served and it is representative of the increase in demand for services due to closure of most private psychiatric beds for adults across the state. This indicator has been refined to Adults with Severe Mental Illness (instead of all clients). Further analyses of the data are planned to determine the number of individuals this high percentage of readmissions represents.
Activities and strategies/ changes/ innovative or exemplary model:	The DMHMRS will carry out activities to reduce the utilization of inpatient beds by: Establishing a Performance Indicator in the SFY2008 contracts with Regional Boards, assuring continuity of care between inpatient and outpatient providers by participating in continuity of care meetings convened by the four state hospitals; producing a quarterly continuity of care report showing data trends; and focusing on continuity of care issues in state hospital and Regional Board monitoring. Observe the implementation of the DIVERTS Program in Western Kentucky to assure that the program has successfully reduced inpatient admissions. Participate in development and monitoring of replication of this program in other areas of the state.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved - Financial penalties / incentives not included in SFY 2008 contracts with Regional Boards for this performance indicator therefore corrective action steps by the Department were limited. Also, DIVERTS funding for the 10 Regional Boards outside Western Kentucky was limited to approximately \$110,000 per Region in SFY 08 with funding eliminated in SFY 09. The SFY 08 target was obviously too ambitious as it was based on the sum of 14 individual Board targets.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	888	40	600	N/A	N/A
Numerator	N/A	N/A	--	122	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To ensure that adults with SMI have access to safe, affordable permanent housing in the community.
Target:	To increase the number of individuals receiving supported housing services to 600 in SFY2008.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Adult with SMI Who Receive Supported Housing
Measure:	Number of persons with SMI receiving this evidence-based practice
Sources of Information:	In SFY2008 a target will be set based upon event data submissions by Regional Boards in concert with the requirement to set Regional performance indicator targets for this specific EBP. Service Code 43 will be tracked in the event data set.
Special Issues:	This year the Department will rely solely on event data submissions as opposed to survey data provided by Regional Boards in previous years. The actual number of clients receiving this service will therefore be less than in previous years.
Significance:	All individuals seeking services at Regional Boards have a right to have evidence-based practices available to them. This data has not historically been collected to allow for comparison/trend data.
Activities and strategies/ changes/ innovative or exemplary model:	Establish specific Performance Indicator in SFY2008 contract with Regional Boards. Additional strategies to increase the number of consumers receive supported housing include: • Providing training events on supportive housing; • Participating in Olmstead planning activities; • and providing technical assistance through referral to KHC's Supportive Housing Specialist.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved - Targets established by individual Regional Boards engaged in supported housing activities were not met, primarily because service events were not coded in the statewide "event data set" using the Supported Housing event code. The majority of supported housing services continue to be provided by targeted case managers who code their time as "case management", not as supported housing. The target was based on the sum of 14 individual Board targets and was obviously too ambitious.

ADULT - IMPLEMENTATION REPORT

DRAFT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	1,446	552	900	N/A	N/A
Numerator	N/A	N/A	--	545	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To ensure that adults with SMI have access to Supported Employment services
Target:	To serve 900 individuals with supported employment services in SFY2008.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Adults with SMI Who Receive Supported Employment
Measure:	Number of persons with SMI receiving this evidence-based practice
Sources of Information:	In SFY 2008 a target will be set based upon event data submissions by Regional Boards in concert with the requirement to set Regional performance indicator targets for this specific EBP. Service Code 85 will be tracked in the event data set.
Special Issues:	This year the Department will rely solely on event data submissions as opposed to survey data provided by Regional Boards in previous years. The projected number of clients receiving this services will therefore be less than in previous years.
Significance:	All individuals seeking services at Regional Boards have a right to have evidence-based practices available to them. This data has not historically been collected to allow for comparison/trend data.
Activities and strategies/ changes/ innovative or exemplary model:	Establish specific Performance Indicator in SFY2008 contract with Regional Boards. Implement 12 month plan to visit existing supported employment programs, promote model fidelity, develop financing plan, and work with at least one pilot program to move services toward model fidelity. Increase the number of referrals to OVR. Increase number of job placements or volunteer opportunities to prepare for employment.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved - The SFY 08 target was established by summing individual Regional Board targets for those Regions with established Supported Employment programs. The individual Board targets were obviously ambitious as the number actually served with this service in SFY08 reflects a fairly stable trend (545-556) over the past three years. This number will likely go down in SFY 09 as one Region has recently closed their supported employment program due to cross the board budget cuts from the state.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ Indicator Data Not Applicable: ☒

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	96	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ Indicator Data Not Applicable: ☒

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	1,789	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ Indicator Data Not Applicable: ☒

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	2,435	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ Indicator Data Not Applicable: ☒

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	3,800	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ Indicator Data Not Applicable: ☒

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	1,599	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	70	69.26	79	60.39	76.44
Numerator	7,766	11,728	--	3,230	--
Denominator	11,078	16,933	--	5,349	--

Table Descriptors:

Goal:	To improve perception of care among adults with mental health diagnoses served by Regional Boards.
Target:	Increase the percentage of adults with mental health diagnoses who report positively about treatment outcomes from 78% to 79%.
Population:	Adults with mental health diagnoses
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Adult mental health consumer perception of care
Measure:	Value: Percent Numerator: Adult - Number of adults with mental health diagnoses reporting positively about treatment outcomes. Denominator: Adult - Total number of responses from adults with mental health diagnoses on the consumer satisfaction instrument.
Sources of Information:	The information will be collected from the Regional Boards using the 28-item MHSIP satisfaction survey based on a convenience sample.
Special Issues:	SFY2007 (July 1, 2006 - June 30, 2007) is the first year that all 14 Regional Boards were required to use the standard 28 item MHSIP survey. For SFY 2008 (July 1, 2007 - June 30, 2008) the Regional Boards will be required to use the 28 item survey plus the 8 additional functioning and social connectedness questions.
Significance:	The perception of care as reported by consumers of services is a valuable piece of data to ensure that services are meeting the needs of those served.
Activities and strategies/ changes/ innovative or exemplary model:	The DMHMRS will carry out activities designed to improve the level of positive perception of care by consumers including monitoring consumer satisfaction surveys to ascertain client perception of care, identifying regions with lower-than-expected satisfaction rates, and providing feedback to the Regional Boards through the Quality Management Outcome Team (QMOT) process. The Department further defines expectations for reporting outcomes by Regional Boards within the annually renewed contract.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved - This is the first year using a different implementation scheme. During SFY 2007, the Department required only that Regional MH.MR Boards submit a completed URS Table 11 which contains summary statistics - not raw data. All survey responses were used to determine the actual 2007 percentage (reporting positively about outcomes" without distinction of valid responses per domain. In contrast, the Department required submission of the raw survey data in SFY 2008 allowing us to define a denominator of only valid responses according to Federal guidelines. The reduction in number of valid responses (denominator) for SFY2008 is due to improved accuracy in identifying valid responses per domain. Due to the improved requirement of our providers and our method of data analysis, it is expected that our 2008 results set a more accurate baseline. Kentucky's 60.39% reporting positively on this domain (outcomes) can be compared with NRI's reported 2007 national average of 71.6%.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	.10	N/A	15	10.16	67.73
Numerator	3,125	N/A	--	3,488	--
Denominator	31,803	N/A	--	34,319	--

Table Descriptors:

Goal:	To increase the rate of adults with SMI who are employed.
Target:	Increase percentage of adults with SMI who are employed from 14% (FY2007 projected) to 15% (FY2008 target).
Population:	Adults with SMI.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Increased Employment
Measure:	Value:Percent Numerator: Number of adults with SMI served by Regional Boards who have an employment status of "employed full-time"(32 hours or more per week), "employed part-time"(less than 32 hours per week), or in the armed forces. Denominator: Total number of adults with SMI served by Regional Boards (with valid codes in Field 15 of Client Data Set).
Sources of Information:	The CMHC client data set is the source of this information. Department staff create targets based on corresponding year client data reports (Field 15: Employment Status, Codes 1,2, or 5).
Special Issues:	KDMHMRS currently does not have the ability to track client level change in employment status (e.g. from "not looking for work" to "in the workforce"), nor does it require client level reporting when changes occur. Regional Boards are required to update client data generally on an annual basis.
Significance:	This is considered a valuable indicator of the population served as a key goal for all individuals is meaningful activity during the day including employment.
Activities and strategies/ changes/ innovative or exemplary model:	Identified activities for SFY2008 include: implementation of a 12 month Supported Employment initiative by DMHSA staff, dissemination of information about evidence-based practices including psychiatric rehabilitation and supported employment to community support program directors and at stakeholder meetings, and formation of a workgroup comprised of members of the adults services branch, Data Infrastructure Grant Co-PIs, members of the Department Data Users Group and Research and Data Management Center staff. This workgroup will focus on devising a plan for beginning to collect T1 and T2 data in the coming fiscal year.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved - The SFY 2008 target was obviously ambitious. Actual employment has remained fairly stable at approximately 10% from SFY 2005 - 2008 and has dropped from SFY 2003 and 2004 when the rate was 12.79% (2004) and 12.99% (2003). It appears that as the number of adults with SMI served has steadily increased, the number of employed individuals has remained fairly steady.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	.09	9.38	.96
Numerator	N/A	N/A	--	1,401	--
Denominator	N/A	N/A	--	14,936	--

Table Descriptors:

Goal:	To decrease the rate of adults with mental health diagnoses who come into contact with the criminal justice system.
Target:	To establish a baseline of criminal justice involvement by adults with mental health diagnoses served by the criminal justice system (Department of Corrections).
Population:	Adults with mental health diagnoses.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Criminal Justice Involvement
Measure:	Value: Percent Numerator: Number of adults served by the Department of Corrections (institutions, jails, probation and parole) in the current fiscal year who also received a service from a Regional Board in the previous fiscal year. Denominator: The total number of adults served by the Department of Corrections in the current fiscal year.
Sources of Information:	Kentucky Offender Management System (KOMS) for Department of Corrections; Client and event data set for Regional Board clients.
Special Issues:	Kentucky is involved with the Other State Agency study funded by SAMHSA and administered by NASMHPD NRI. Because of this study, the Department of Corrections is sharing administrative data with KDMHMRS. The caseload overlap between two datasets will be used as a new measure of criminal justice involvement as opposed to referral data collected in the CMHC client dataset. Targets for FFY2008 will therefore rely on baseline data from this project.
Significance:	This is considered a valuable indicator for the population as effective mental health treatment should lead to less contact with the criminal justice system.
Activities and strategies/ changes/ innovative or exemplary model:	Continue to share data with the Department of Corrections for purposes of joint program planning and policy development. Also begin to work with the Administrative Office of the Courts (AOC) to look at arrest data as another option for determining the effects of treatment on criminal justice involvement. Seek technical assistance from NASMHPD NRI, Inc. as to the best methods for measuring this indicator.
Target Achieved or Not Achieved/If Not, Explain Why:	This is a baseline year using results from Kentucky's Other State Agency project. The 9.38% criminal justice involvement rate represents the percentage of adults residing in Department of Corrections Institutions (prison beds) in SFY 2006 who had received a service in a community mental health center in the previous year (SFY 2005). Staff within KDMHMRS (working under the Data Infrastructure Grant project) are currently working with the Department of Corrections to update this data using the same methodology.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	4.04	N/A	3.50	4.78	73.22
Numerator	1,286	N/A	--	1,640	--
Denominator	31,803	N/A	--	34,319	--

Table Descriptors:

Goal:	To decrease the rate of adults with SMI who are homeless or in shelters; and increase the rate of adults with SMI who are living independently in permanent community-based housing.
Target:	Maintain the percentage of adults with SMI who are homeless or reside in shelters at 3.5%.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Housing Stability
Measure:	Value: Percent Numerator: Number of adults with SMI served by Regional Boards who have living arrangement of "homeless/uninhabitable dwelling" or "mission/shetler" in Field 19 of the Client Dataset OR answer "yes" to Field 72 of the Client Dataset (Homeless Indicator). Denominator: Number of adults with SMI served by Regional Boards (with valid codes in Field 19 or 72).
Sources of Information:	Client data set of the CMHC Management Information System. Department staff creates a target based on the corresponding year's data submissions.
Special Issues:	KDMHMRS currently reports an aggregate number of individuals who are coded as living independently in the client dataset on an annual basis. Updates to this field are not required on a more frequent basis. A workgroup will need to address how we can move from a point-in-time count to a T1 to T2 method based on client level change in housing status. This indicator was changed to "percent of consumers homeless or in shelters" in response to SAMHSA guidance received on 8/21/07.
Significance:	Living in a preferred housing setting is considered crucial to engaging and remaining in treatment. Consumers generally report the "preferred" setting is affordable, community-based permanent housing settings living with individuals of one's choice (i.e. living independently).
Activities and strategies/ changes/ innovative or exemplary model:	Collaborate with the Regional Boards and Kentucky Housing Corporation in the implementation of the Safe Place initiative, a program designed to provide targeted rental assistance vouchers to adults with SMI and to develop 96 new units of permanent supportive housing. Provide technical assistance to local nonprofit housing developers through referral to KHC's Supportive Housing Specialist. Participate in workgroup to identify revised measurement methods necessary to move from point-in-time count to a true change measure.
Target Achieved or	Target Not Achieved - This performance indicator has been redefined by SAMHSA as

**Not Achieved/If Not,
Explain Why:**

decreasing the rate of individuals with SMI who are homeless or in shelters served in the public mental health system while increasing the rate of adults with SMI who are living independently in permanent community-based housing. As such our system has increased the number of individuals who are homeless or in shelters who are receiving services from Regional Boards (which we think is a positive development). We have also maintained the percentage of individuals with SMI living independently at about 69%.

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ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	67.65	N/A
Numerator	N/A	N/A	--	3,747	--
Denominator	N/A	N/A	--	5,539	--

Table Descriptors:

Goal:	To increase the rate of adults with mental health diagnoses who report increased social supports / social connectedness.
Target:	This is a new measure for Kentucky therefore a baseline percentage will be established in FY2008.
Population:	Adults with mental health diagnoses.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Social Connectedness
Measure:	Value: Percent Numerator: Number of adults with mental health diagnoses served by Regional Boards who report increased social supports / social connectedness on the four items added to the 28-item MHSIP satisfaction survey. Denominator: Total number of responses from adults with mental health diagnoses on the MHSIP survey.
Sources of Information:	This information will be collected from the Regional Boards using the 28-item MHSIP survey plus 4 additional questions based on a convenience sample.
Special Issues:	For SFY 2008 (July 1, 2007 - June 30, 2008), the Regional Boards will be required (for the first time) to use the standard 28 item MHSIP survey plus the 4 additional social connectedness questions.
Significance:	Feelings of increased social support and social connectedness are valuable outcomes of mental health treatment, rehabilitation and support provided by a recovery oriented service system.
Activities and strategies/ changes/ innovative or exemplary model:	KDMHMRS staff will work through the Quality Outcomes Management Team (QMOT) to introduce this new performance indicator to Regional Boards. Results of this change to the MHSIP survey will not be available until the December 1, 2008 Implementation Report.
Target Achieved or Not Achieved/If Not, Explain Why:	This is a baseline year as these questions were added to the survey in SFY 08. Twelve of 14 CMHCS submitted MHSIP surveys this year. Kentucky's 67.6% rate reporting increased social supports / social connectedness can be compared with the national average of 52.4% (as reported by NRI).

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	.75	66.45	8,860
Numerator	N/A	N/A	--	3,538	--
Denominator	N/A	N/A	--	5,324	--

Table Descriptors:

Goal:	To increase the rate of adults with mental health diagnoses who report improved level of functioning.
Target:	This is a new measure for Kentucky therefore FY2008 will be considered a baseline year. A target of 75% has been set, however, based on the correlation of this domain with the outcome domain of the MHSIP 28-item survey.
Population:	Adults with mental health diagnoses.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services 4:Targeted Services to Rural and Homeless Populations
Indicator:	Improved Functioning
Measure:	Value: Percent Numerator: Number of adults with mental health diagnoses served by Regional Boards who report increased functioning on the four items added to (plus one existing question) the 28-item MHSIP satisfaction survey. Denominator: Adult - Total number of responses from adults with mental health diagnoses on the expanded MHSIP survey.
Sources of Information:	This information will be collected from the Regional Boards using the 28-item MHSIP survey plus four additional questions based on a convenience sample.
Special Issues:	For SFY 2008 (July 1, 2007 - June 30, 2008), the Regional Boards will be required (for the first time) to use the standard 28 item MHSIP survey plus four additional functioning questions.
Significance:	Increased functioning is a valuable outcome of mental health treatment, rehabilitation and support provided by a recovery oriented service system.
Activities and strategies/ changes/ innovative or exemplary model:	KDMHMRS staff will work through the Quality Outcomes Management Team (QMOT) to introduce this new performance indicator to Regional Boards. Results of this change to the MHSIP survey will not be available until the December 1, 2008 implementation report.
Target Achieved or Not Achieved/If Not, Explain Why:	Since this is the first year that Regional Boards have used the four functioning questions with their 28-item MHSIP survey it can be considered a baseline year. Kentucky's rate of 66.45% reporting increasing functioning can be compared with the national average of 69.7% (as reported by NRI in 2007).

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Homeless Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	4	4.20	4.50	4.78	N/A
Numerator	1,286	1,403	--	1,640	--
Denominator	31,803	33,161	--	34,319	--

Table Descriptors:

Goal:	To provide outreach to and linkage with the public mental health system for adults who are homeless and have a serious mental illness.
Target:	To increase the rate of adults with SMI identified as homeless and who receive services from the Regional Boards from 3.5% in SFY2006 to 4.5 % in SFY 2008.
Population:	Adults with SMI.
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Penetration Rate - Adults with SMI who are homeless.
Measure:	Value: Percent Numerator: Number of adults with SMI served by Regional Boards, who have living arrangement of "homeless/uninhabitable dwelling" or "mission/shelter" in Field 19 of the client dataset OR answer "yes" to Field 72 of the client dataset (Homeless Indicator). Denominator: Number of adults with SMI served by Regional Boards.
Sources of Information:	Client dataset for actual number served. Department staff sets targets based on the previous year's actual count and knowledge of various factors that impact the service system.
Special Issues:	
Significance:	Regional Boards first reported the marker for homelessness (Field 72) in 2004. The homeless population in Kentucky is reportedly growing and national literature indicates that many of them have unmet mental health treatment needs.
Activities and strategies/ changes/ innovative or exemplary model:	<p>During SFY 08 KDMHMRS will, through the PATH Formula Grant, continue to support specialized initiatives to complement the existing community support array in the three urban regions (Lexington, Louisville, and Covington) and two rural regions (Kentucky River and Adanta).</p> <p>KDMHMRS staff and Regional MH/MR Board staff use a number of strategies to insure that individuals with serious mental illnesses who are homeless are evaluated and receive necessary services. These include identifying individuals who have been homeless more accurately in the client data set, providing accommodations in clinic and other program hours, providing specialized training to case managers and clinicians, establishing formal and informal linkages with homeless services providers and continued participation in local Continuum of Care meetings.</p> <p>KDMHMRS' PATH Coordinator participates in the state-level Kentucky Interagency Council on Homelessness (KICH) and has promoted SOAR training throughout Kentucky, primarily to case managers. SOAR is designed to improve the "approvability" of SSI and SSDI applications by homeless individuals. When approved, individuals typically receive Medicaid benefits and therefore have a payor source for public mental health services.</p> <p>KDMHMRS' DIVERTS Phase II initiative has identified "reducing homelessness linked to mental illness and substance abuse" as one of four focus areas. DIVERTS is promoting</p>

diversion from inpatient hospitalization through these focus areas. It is anticipated that Regional Boards will provide increased outreach and intensive services to the homeless population, thereby increasing the penetration rate.

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

Target Achieved - The Regional Boards actually served more individuals who are homeless and have a serious mental illness in SFY 2008 (1640 in SFY 2008; 1402 in SFY 2007).

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Older Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	23.20	25	23.50	26.74	113
Numerator	4,232	4,425	--	4,678	--
Denominator	18,229	17,496	--	17,496	--

Table Descriptors:

Goal:	To increase access to services for older adults with SMI.
Target:	Increase the percentage of older adults with SMI who receive services from Regional Boards from 23.2% in SFY2006 to 23.5% in SFY2008.
Population:	Adults with SMI
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Penetration Rate - Older adults with SMI
Measure:	Value: Percent Numerator: Number of adults age 60 and over, with SMI, who received services from the Regional Boards. Denominator: 2.6% of the total number of adults age 60 and over per Kentucky's 2000 census.
Sources of Information:	MIS (client and event) data is used for actual numbers of adults. Department staff also utilize information provided by the Regional Boards to set targets.
Special Issues:	
Significance:	Kentucky's older adult population is the fastest growing segment of the population and older adults with SMI often do not seek the services they need.
Activities and strategies/ changes/ innovative or exemplary model:	<p>The KDMHMRS plans to continue alliances and working relationships with agencies who serve older citizens. The KDMHMRS plans are as follows: continue to fund the Kentucky Mental Health and Aging Coalition in order that issues/barriers related to access to services for older adults are addressed, provide continuation funding for existing local coalitions in the regions so that public education and awareness activities may be provided on a regional basis, continue to have a representative from the Department for Aging and Independent Living serve as a member of the Mental Health Planning Council, participate in a new project that will offer a venue to cross train persons from the Area Agency on Aging network and Regional Community Mental Health Center staff, and continue to work with the KERI Project in order to gather assessment data regarding needs of older adults in Kentucky.</p> <p>Access targeted technical assistance through the State Coalitions to Promote Community-Based Care administered by the Bazelon Center for Mental Health Law, with a focus on access and engagement strategies.</p>
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved - The number of older adults (60+) with SMI served continues to increase (from 3486 in SFY 2003 to 4678 in SFY 2008).

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☒

Name of Implementation Report Indicator: Peer Support

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	110	108	98.20
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To increase the number of trained peer support specialists available to provide supports to adults with SMI.
Target:	To increase the number of trained peer support specialists by 37 from SFY 2007 to SFY 2008.
Population:	Adults with SMI.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Trained Peer Support Specialists
Measure:	Value: Number Numerator: Number of peer support specialists trained by KDMHMRS.
Sources of Information:	KDMHMRS database.
Special Issues:	
Significance:	This is considered a valuable component of a recovery-oriented system and a key to transforming Kentucky's public mental health system.
Activities and strategies/ changes/ innovative or exemplary model:	The Department has been training peer support specialists for three years using a curriculum based on the Georgia and South Carolina models. It has also drafted a regulation outlining the peer support certification process. Regional Boards have been gradually creating positions and hiring peer support specialist graduates, however there currently is no permanent funding source. The Department is collaborating with the Department for Medicaid Services to add peer support as a Medicaid billable service.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved - The Department has slots for 25 individuals at each Peer Support Specialist training event. While 25 individuals typically register, not all registered individuals attend the training and a few do not complete the training. Therefore we met 98.2% of our goal for the year.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Rural Areas

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	52.30	52	47	52.90	1.12
Numerator	17,488	17,291	--	17,710	--
Denominator	33,462	33,462	--	33,462	--

Table Descriptors:

Goal:	Improve outreach and access to services for persons who live in rural areas of the Commonwealth.
Target:	Is is anticipated that the number of adults with SMI, served by the Regional Boards, who reside in rural areas will be approximately 47% in 2008.
Population:	Adults with SMI
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Penetration Rate - Adults with SMI who reside in rural areas of the state.
Measure:	Value: Percent
	Numerator: Number of adults with SMI, served by the Regional Boards, who reside in rural (non-MSA) counties.
	Denominator: 2.6 percent of the 2000 Kentucky adult census who reside in rural (non-MSA) counties.
Sources of Information:	MIS client and event data for actual number served. University of Louisville State Data Center is source of adult census data for MSA and non-MSA counties.
Special Issues:	n/a
Significance:	This is considered a valuable indicator of the population served and is representative of the steady increase in demand for services in rural areas.
Activities and strategies/ changes/ innovative or exemplary model:	KDMHMRS will incorporate best practices in rural service delivery into existing KDMHMRS sponsored training events. Other activities include: -Increasing access to services by increasing transportation opportunities; -Increasing availability of trained treatment professionals; -Increasing public awareness of mental health services; and -Increasing availability and utilization of telehealth to reduce isolation.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved - The number of individuals with SMI served who reside in rural counties continues to rise (from 17,327 in SFY07 to 17,710 in SFY 08).

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: State MH Expenditures

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	37.74	35.91	35	36.67	N/A
Numerator	156,327,615	148,738,582	--	151,888,021	--
Denominator	4,141,835	4,141,835	--	4,141,835	--

Table Descriptors:

Goal: To assure that the recovery oriented mental health system has adequate financial resources.

Target: A projection of \$35.00 per capita is anticipated for this indicator for 2008.

Population: All Kentucky citizens (adults and children)

Criterion: 5:Management Systems

Indicator: Per Capita State Mental Health Expenditures

Measure: Value: Percent

Numerator: Annual KDMHMRS mental health dollars allocated to the Regional Boards, state hospitals, and personal care homes.

Denominator: The Kentucky 2000 census.

Sources of Information: Allocations as designated to each of the Regional Boards and review of their reported expenditures at year end.

Special Issues:

Significance: This is considered a valuable indicator of the resources available to meet an ever increasing demand for services. The amount available to serve Kentucky's adults with SMI and children with SED is below the national average and continually rates in the bottom 10 for all states.

Activities and strategies/ changes/ innovative or exemplary model: The Department has engaged a financial consultant through the National Technical Assistance Center (NTAC) who has draft a strategy increase funding for community based services, especially more recovery-oriented services like peer support, integrated treatment for dual disorders and supported employment. This project is part of the Department's mental health transformation effort.

Other challenges include:

- Maintaining a focus on serving those most in need while allowing greater fiscal flexibility at the regional level;
- Expecting the same level of outcomes from programs that have not had an increase in funding in a decade; and
- Maintaining safety net services (e.g. crisis services) at the Regional level.

Strategies used by the Department include:

- Moving toward performance based contracting (allowing greater flexibility while holding Regional Boards more accountable for outcomes);
- Moving the focus to developing effective systems of care for adults with severe mental illnesses from developing specific program interventions; and
- Developing focused biennium budget requests that are based on a strong needs assessment, in concert with the HB 843 Commission.

Target Achieved or Target Achieved

**Not Achieved/If Not,
Explain Why:**

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Targeted Case Management

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	8.40	9.10	8	9.35	1.17
Numerator	6,631	7,202	--	7,408	--
Denominator	79,221	79,221	--	79,221	--

Table Descriptors:

Goal:	To increase the percentage of adults with SMI who have access to targeted case management services.
Target:	Increase access to targeted case management provided by Regional Boards to 8.0% in 2008.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Penetration Rate - Adults with SMI Receiving Targeted Case Management
Measure:	Value: Percent Numerator: Number of adults with SMI served by Regional Boards who received a Targeted Case Management service. Denominator: 2.6 percent of the Kentucky adult 2000 census.
Sources of Information:	MIS (client and event) data for actual number served. Department staff sets targets based on the corresponding year's Plan & Budget applications from the Boards and knowledge of various factors that may impact the system.
Special Issues:	
Significance:	This is considered a valuable indicator of the population served and it is representative of the increase in demand for services on a system that has experienced little more than flat line funding for a number of years. It may also represent improvement in appropriate use of the SMI marker in the MIS.
Activities and strategies/ changes/ innovative or exemplary model:	Although adult case management services are available in all 120 counties in the state, access to services is inconsistent and sometimes inadequate to meet the need. Flat state funding has actually reduced the number of non-Medicaid individuals receiving this service over the past several years. The statewide average in SFY 2006 for access to targeted adult mental health case management was 8.4%. KDMHMRS will use the following strategies to improve case management services: provision of initial and ongoing technical assistance and consultation to case managers and their supervisors, coordination of an adult mental health case management advisory faculty to assist with case management training and curriculum development, and participation in the statewide case management work group to explore opportunities for developing and implementing new training technology.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved - The number of individuals with SMI served by targeted case managers continues to increase (from 7,202 in SFY 07 to 7,408 in SFY 2008).

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	20,033	20,085	21,000	19,953	95.01
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To increase access to services for children with SED.
Target:	Target for SFY 2008 is set at 42%.
Population:	Children with SED
Criterion:	2:Mental Health System Data Epidemiology 3:Children's Services
Indicator:	Penetration Rate - Children with SED
Measure:	Value: Number System will not allow percentage on this indicator. For SFY 2008, Regional Boards served 19,953 or 40.11% of the 5% population estimated to be SED ((49,742=2000 census) For SFY 2007, Regional Boards served 20,085 or 40.38% For SFY 2006, Regional Boards served 20,033 or 40.27%
Sources of Information:	MIS System State MH Authority contracts with Research and Data Management at the University of KY
Special Issues:	Kentucky is using 2000 census this reporting period.
Significance:	This is considered a valuable indicator of the population served and decreased client counts is concerning. Inaccurate use of the SED marker by providers may be a factor.
Activities and strategies/ changes/ innovative or exemplary model:	The action plans for this indicator include: Provide targeted case management, utilizing wraparound with fidelity; Provide prevention and early intervention services to children under age 6; Provide school based services and work with school personnel to ensure that there is shared vision towards appropriate screening, assessment and treatment; and Address the mental health needs of children through community-based services, rather than heavy reliance on out of home care.
Target Achieved or Not Achieved/If Not, Explain Why:	Not Achieved, It is possible that the Regional Boards are serving fewer children due to budget cuts but there are also suspected problems with the data. The Department continues work with the contracted data mangement entity to ensure accuracy of data but there are still issues to be resolved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Kentucky does not have any state operated psychiatric facilities for children.

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Kentucky does not have any state operated psychiatric facilities for children.

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	306	313	275	N/A	N/A
Numerator	N/A	N/A	--	268	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To ensure that all Kentucky children receive the most effective services, in the least restrictive environment and to ensure that services for children are fully integrated and holistic.
Target:	At least 275 children will receive a TFC service from the Regional Boards in SFY 2008.
Population:	Children with SED
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Evidence-Based Practices: Number of Children receiving Therapeutic Foster Care from a Regional Board.
Measure:	Number: Number of unduplicated children receiving TFC from the Regional Boards.
Sources of Information:	MIS data collected on the provision of TFC and on-going discussions with the TFC Program Directors across the state.
Special Issues:	The majority of TFC services in Kentucky are provided by entities other than the Regional Boards. No Block grant funds are used to support this service.
Significance:	To ensure that children receive the most effective services possible, the Regional Boards strive to conduct assessments and provide treatment that adheres to the Children's System of Care principles and that uses techniques with evidence to support their efficacy. The state is now dedicated to tracking the use of EBPs and maintaining dialogue with the Boards to achieve the most desirable outcomes for all clients served.
Activities and strategies/ changes/ innovative or exemplary model:	<p>The Department will continue to support the TFC programs across the state by providing technical assistance and facilitating quarterly Peer Group meetings with Program Directors. These meetings have proven very valuable to the field for gaining information from the state level liaisons as well as from each other.</p> <p>The TFC programs provide a number of effective supportive services to foster and biological families, including family support groups, ongoing workshops and trainings, foster parent retreats with pertinent workshops, special foster parent recognition events, as well as providing education to various community partners regarding foster care services. These specialized services increase the possibility for youth to find success and stabilization while in TFC, as well as long term permanency.</p> <p>A Department staff also regularly attends the Children's Alliance Foster Care Council. The Children's Alliance is a professional organization whose membership includes the majority of the residential treatment providers across the state, including TFC providers.</p>
Target Achieved or Not Achieved/If Not, Explain Why:	<p>Not Achieved,</p> <p>There was a drop in the TFC census among the Regional Boards due to an increase in the number of private providers, particularly the number of additional beds available in at least two regions. One Regional Board closed their TFC program in July 2008.</p>

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and
strategies/ changes/
innovative or
exemplary model:**

**Target Achieved or
Not Achieved/If Not,
Explain Why:**

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☒

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	68	68.99	50	65.39	130.78
Numerator	1,296	3,497	--	1,381	--
Denominator	1,895	5,069	--	2,112	--

Table Descriptors:

Goal:	To ensure that feedback is sought from parents regarding their satisfaction with outcomes obtained from receiving services for their children.
Target:	Children - Ensure that at least 50% of the parents of children surveyed report positive responses on the consumer satisfaction tool (MHSIP YSS-F) regarding outcomes of treatment.
Population:	Children Served by the Regional Boards.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Child - Client Perception of Care.
Measure:	Value: Percent Numerator: Total number of parents of children who report positively regarding outcomes of treatment on the consumer satisfaction tool. Denominator: Total number of responses regarding outcomes of treatment on the consumer satisfaction tool.
Sources of Information:	Historical data is limited to a study of consumer satisfaction conducted in 2000 and a limited sample surveyed in SFY 2006.
Special Issues:	Many Regional Boards (private, non profit entities) have had on-going data collection in this area using various methods and tools over a period of years. Thus, the Department has chosen not to impose a specific method and tool abruptly.
Significance:	The perception of care as reported by consumers of services is a valuable piece of data toward ensuring that services are meeting the needs of those served. This is one method for gaining consumer feedback in the state's efforts to move toward a family driven and youth guided system of care.
Activities and strategies/ changes/ innovative or exemplary model:	During 2007, the Department required only that Regional MH/MR Boards submit only a completed URS Table 11 which contains summary statistics - not raw data. All survey responses were used to determine the actual 2007 percentage "reporting positively about outcomes" without distinction of valid responses per domain. In contrast, the Department required submission of the raw survey data in 2008 allowing us to define a denominator of only valid responses according to Federal guidelines. The reduction in number of valid responses (denominator) for 2008 is due to improved accuracy in identifying valid response per domain. Due to the improved requirement on our providers and our method of data analyses, it is expected that our 2008 results set an accurate baseline.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	0	66.22	N/A
Numerator	N/A	N/A	--	196	--
Denominator	N/A	N/A	--	296	--

Table Descriptors:

Goal:	Ensure that children remain in school and reach their highest academic potential.
Target:	This will be a baseline collection year as this indicator has not been previously measured in the same manner.
Population:	Children with SED
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Increase school attendance of children served by the Regional Boards.
Measure:	Value: Percent Numerator: Number of children who maintain or increase their school attendance while receiving services from the Regional Boards' IMPACT program. Denominator: Total number of children served by the Regional Boards' IMPACT program who responded to the survey item at time one and time two.
Sources of Information:	Data for this indicator will be derived from the newly implemented system that tracks school attendance and performance of children served over the time of their participation in the program.(i.e., entry, 6, 12, 24, & 36 months)
Special Issues:	This is a new and difficult indicator to measure and it will likely take a couple of years to have enough meaningful data to be reliable for program planning. There are some inherent variables that make this measure difficult to collect (e.g., alternate types of schooling, school calendar variations, accuracy of attendance reporting). The children participating in the IMPACT program are receiving the highest level of community based service while remaining in their own homes and thus represent a select segment of children served in the overall system. Potential for their school attendance to be less than representative of the whole population of children served is possible. This also limits reliable state to state comparisons of the data.
Significance:	This indicator is significant to the overall well being and functioning of children served by the Regional Boards. All children regardless of disability have the right to a free and appropriate public education.
Activities and strategies/ changes/ innovative or exemplary model:	The IMPACT Outcomes Management System will rely on parent report regarding the school attendance of children. At this time, administrative school attendance data is not available to the Department. The data will be closely monitored and all variables considered when analysis of the data is conducted. TA will be sought as well as QMOT discussion about data analysis for this indicator. In the long term, data correlation studies will be conducted and the results will be considered in program planning. Another future goal is to collect data for this measure for a broader group of children service rather than just the IMPACT children.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☒

Name of Implementation Report Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	5.16	N/A	0	N/A	N/A
Numerator	1,075	N/A	--	N/A	--
Denominator	20,851	N/A	--	N/A	--

Table Descriptors:

Goal:	To decrease the juvenile justice system involvement of youth served by the Regional Boards.
Target:	To establish a baseline of juvenile justice system involvement for youth served by the Regional Boards.
Population:	Children served by the Regional Boards.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Decreased Criminal Justice Involvement: Profile of Client Involvement in Juvenile Justice System For SFY 2008, there were 336 youth for whom T1 (baseline) and T2 (6 mo. f/up) arrest data was collected. Of these 336, 10 reported an arrest in the past 6 mos.& once in the program for 6 months & responding to a follow up survey, 6 reported an arrest in the past 6 months.
Measure:	Plan to Measure for SFY 2009 Value: Percent Numerator: Number of children served by the Regional Boards' IMPACT program who have involvement with the Juvenile Justice system prior to service & whose involvement decreases in the 1st yr. of treatment. Denominator: The total number of children served by the Regional Boards' IMPACT program who have involvement with the JJ system prior to service and who responded to this survey item at intake and one year.
Sources of Information:	The IMPACT Outcomes Management System.
Special Issues:	The 2006 data was not based on the same numerator and denominator/ not time one and time two data. This indicator is still very challenging and there are presently several different avenues being considered in the Department's efforts to determine how best to measure this indicator. These include: -Department for Juvenile Justice overlap with client data set of the Boards. -There is a desire to mirror the URS Tables information and thus only arrest data would be considered unless those instructions are changed. -The IMPACT Outcomes Management System has a great degree of detail about criminal/court involvement of youth served and collects T1 and T2 data. -The desire to take the Reclaiming Futures model statewide will likely mean the Boards would have greater interface with the criminal justice system (court referrals for youth in need of integrated treatment for co-occurring mental health and substance abuse disorders) and thus overall numbers may desirably show increased cross systems involvement.
Significance:	This indicator addresses the President's NFC Report Goal 2: MH care is consumer and family driven and recommends that we protect and enhance the rights of people with mental illness. It also addresses Goal 4: Early MH screening, assessment, and referral to services are common place and recommends that we screen for mental disorders in primary health care, across the lifespan and connect to treatments and supports.

Activities and strategies/ changes/ innovative or exemplary model:

The action plan to address this indicator includes:

- Current year monitoring of the various methods by which this indicator could be measured;
- Continue to work collaboratively with local judges/courts and DJJ to ensure that youth receive the MH and substance abuse services needed in an appropriate and timely manner.
- Expand the Reclaiming Futures model of collaborative case planning and treatment for youth with co-occurring MH and substance abuse disorders, from one region of the state to at least three additional regions.
- Continue to share data with DJJ for purposes of joint program planning and policy development.
- Work with the Administrative Office of the Courts (AOC) and the Kentucky Offender Management System (KOMS-KY State Police MIS) to look at arrest data as another option for determining the effects of treatment on juvenile justice involvement.
- Seek technical assistance from NASMHPD NRI, Inc. as to the best methods for measuring this indicator.
- Further analyse information gained from experience with the Other State Agency study involvement. Because of this study, the Department for Juvenile Justice has shared administrative data with KDMHMRS. The caseload overlap between two datasets will be used as a new measure of juvenile justice involvement as opposed to referral data collected in the client dataset.

Target Achieved or Not Achieved/If Not, Explain Why:

Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: For 2008: To ensure that children with SED are able to receive appropriate treatment in their own homes and communities whenever possible and appropriate. For 2009, changes to: To provide housing assistance to children with SED who are homeless.

Target:

Population: Children served by the Regional Boards

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Children who are homeless.

Measure: Value:
Numerator:
Denominator:

Sources of Information: ????

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why: Not applicable

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☒

Name of Implementation Report Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	94.53	N/A
Numerator	N/A	N/A	--	1,971	--
Denominator	N/A	N/A	--	2,085	--

Table Descriptors:

Goal:	Ensure that children served by the Regional Boards, and their families, are fully aware of services and supports (formal and informal) available and that they are able to take advantage of them.
Target:	This is a new measure for Kentucky therefore a baseline percentage will be established in SFY 2008.
Population:	Children served by the Regional Boards, and their families.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Increased Social Supports/Social Connectedness
Measure:	Value: Percent Numerator: Number of families that report positive responses on the 4 survey questions added to the YSS-F regarding Social Supports/Social Connectedness Denominator: Total number of completed survey responses on the 4 survey questions added to the YSS-F regarding Social Supports/Social Connectedness.
Sources of Information:	This information will be collected from the Regional Boards using the YSS-F with additional questions, using a convenient sampling within the same two month period.
Special Issues:	SFY 2008 is the first year that the Boards are required to all use the same YSS-F tool to collect data for this indicator. The Department and the Regional Boards are working together through the Quality Managment Outcomes Team (QMOT) to ensure consistent use of an adequate sampling method for the coming year.
Significance:	This is considered a valuable indicator because youth and families' perception of connectedness to their community is strongly correlated with positive outcomes in many life domains. Also, for providers it is an additional way in which families can provide feedback about services and supports needed and received.
Activities and strategies/ changes/ innovative or exemplary model:	The Department will take the following actions around this indicator: -Make providers, consumers and families aware of this NOM and how the data will be collected, as well as share data results with them to gain feedback; -Work through QMOT to improve data collection and reliability; and -Compare data from this collection method with other available outcomes data (e.g., IMPACT and Early Childhood MH Outcomes Management System, IMPACT Plus Data). -utilize data from this indicator as state seeks to enhance peer to peer and parent to parent services across the state.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☒

Name of Implementation Report Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	0	68.88	N/A
Numerator	N/A	N/A	--	1,492	--
Denominator	N/A	N/A	--	2,166	--

Table Descriptors:

Goal:	Ensure that children served by the Regional Boards, and their families, received the services and supports needed to reach and sustain their highest possible functioning level.
Target:	This is a new measure for Kentucky and therefore a baseline percentage will be established in SFY 2008.
Population:	Children served by the Regional Boards.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services 4:Targeted Services to Rural and Homeless Populations
Indicator:	Increased Level of Functioning
Measure:	Value: Percent Numerator: Number of families who report increased level of functioning on the YSS-F with additional questions regarding functioning outcomes. Denominator: Number of families who complete the YSS-F.
Sources of Information:	This information will be collected from the Regional Boards who will administer the YSS-F (with the additional questions about functioning) to a convenient sample within the same 2 month window.
Special Issues:	SFY 2008 was the first year in which all the Regional Boards administered the same tool within the same time frame to a convenient sample.
Significance:	This indicator is a very valuable measure of children, and their families' ability to be successful in coping with mental health disorders while remaining in their own homes, schools, communities. It is a measure of the overall health of children as addressed in Goal 1 of the NFC Report and speaks to the recommendation that mental health disorders be given the same priority as physical health concerns.
Activities and strategies/ changes/ innovative or exemplary model:	The Department has the following plans for the coming year: -Continue to work with the Youth Development Council to ensure that communities understand and respond to the needs of all children and families; -Continue to promote the mental health of children through media outlets and other available forums; -Continue to collaborate with Public Health and Medicaid to effectively address mental health and substance abuse (MHSA) disorders among children; -Continue efforts to educate and consult with pediatricians, health clinics, judges, early care programs, schools and others about MHSA disorders and available resources; and -Carry out the objectives of Kentucky's Youth Suicide Prevention grant and support the ongoing activities of the Kentucky Suicide Prevention Group.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Children under age 6

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	1.24	1.82	2	2.01	N/A
Numerator	3,966	5,827	--	6,454	--
Denominator	320,380	320,380	--	320,380	--

Table Descriptors:

Goal:	To build regional capacity for early childhood mental health services including prevention and early intervention services for children under age 6.
Target:	Child: Increase the percentage of children under age 6 served by the Regional Boards from 1.8% in SFY 2007 to 2.0% in SFY 2008.
Population:	Children under age 6.
Criterion:	2:Mental Health System Data Epidemiology
Indicator:	Indicator: The number of children under age 6 served by the Regional Boards during the SFY.
Measure:	Value: Percent Numerator: The number of children under age 6 served in a mental health program by the Regional Boards. Denominator: The 2000 estimated census for Kentucky's under age 6 population. (320,380)
Sources of Information:	The MIS system allows us to capture the number of children served by age. The targets are created by staff based on 2008 Plan and Budget applications from the Regional Boards and knowledge of various factors that may impact the system.
Special Issues:	This indicator has been refined since the 2007 Plan to include all children under age 6 and not limited to those under age 6 with an SED marker in the client data set. The age is defined as those children who are under age 6 at the close of the SFY.
Significance:	This indicator addresses Goal 4 of the President's NFC report that states: In a Transformed MH system, early MH screening, assessment and referral to services are common practice.
Activities and strategies/ changes/ innovative or exemplary model:	Action plans for this indicator include: Ensuring that there is an Early Childhood MH Specialist in all 14 regions; Utilizing a new outcomes management system in an effort to enhance systematic collection and analysis of data; Providing consultative and direct services to children under age 6; and Providing training and support to professionals who work with young children in early care and educational programs.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Children's home stability

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	73	N/A	0	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To increase the stability of children's living situations.
Target:	A baseline will be set for this indicator as the state is using a new Outcomes data collection system to measure this indicator.
Population:	Children with SED.
Criterion:	3:Children's Services
Indicator:	Home Stability
Measure:	Value: Percent Numerator: The total number of children in the IMPACT program who had no placement change and lived in a family setting during the year as reported IMPACT outcomes measurement tools. Denominator: The total number of children served by the IMPACT program for whom the tool was completed.
Sources of Information:	Data will be derived from the newly implemented IMPACT Outcomes Management System.
Special Issues:	Data may be limited over the next couple of years and the tool used to measure it changed after AFY 2006 data was collected so trend data may not be feasible. It is anticipated that it may take a couple of years to ensure that sample sizes are adequate for program planning.
Significance:	This is considered a valuable indicator of the population served and it is a key indicator of child functioning and the philosophy that all children function better in a stable environment and in a family rather than institutional setting.
Activities and strategies/ changes/ innovative or exemplary model:	Collect stability of living environment over time for children with SED served by the IMPACT program, utilizing new Palm data collection system which has a number of survey items related to living environment and caregiver demographics.
Target Achieved or Not Achieved/If Not, Explain Why:	Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: SED Targeted Case Management

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	11.90	11.80	12.50	N/A	N/A
Numerator	5,904	5,838	--	N/A	--
Denominator	49,685	49,685	--	N/A	--

Table Descriptors:

Goal:	To provide children with SED service coordination that is strengths-based and individualized to meet the needs of the child and family (services and supports).
Target:	Increase access to targeted case management(Service Coordination/Wraparound) for children with SED, provided by Regional Boards, from 12% in SFY 2007 to 12.5% in SFY 2008.
Population:	Children with SED
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Penetration Rate - Children with SED receiving targeted case management (Service Coordination/Wraparound).
Measure:	Value: Percent Numerator: Unduplicated sum of children served during the SFY with an SED marker in the KDMHMRS data set who received a Regional Board Targeted Case Management (Service Coordination/Wraparound)service. Denominator: Five percent of the estimated 2004 Kentucky child census (49,685).
Sources of Information:	MIS for actual number served and Department staff sets targets based on the corresponding year's Plan & Budget applications from the Boards and knowledge of various factors that may impact the system.
Special Issues:	The IMPACT program, Kentucky's SC/Wraparound program is offered statewide and has a rich history of cost and treatment effectiveness. There is also a strong infrastructure in place to support it and state funds allocated to ensure flexible funding.
Significance:	This is considered a valuable indicator and offers individualized plans of care for the children served.
Activities and strategies/ changes/ innovative or exemplary model:	The Department will provide technical assistance to the IMPACT Program Directors and others within the Regional Boards to ensure that children and families in need of intensive Service Coordination/Wraparound services have access. The new IMPACT Outcomes Management System will also provide data/information for treatment and program planning.
Target Achieved or Not Achieved/If Not, Explain Why:	

Kentucky

Planning Council Letter for the Implementation Report

Upload Planning Council Letter for the Implementation Report

Kentucky

Appendix B (Optional)

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.